

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other
2. NAME OF OPERATOR
Bird Oil Corporation
3. ADDRESS OF OPERATOR
717 17th St., Suite 2860, Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 1650' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Operations Report: 5-10-83 to 5-25-83

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
NM-17184
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
Bird-Federal 12
9. WELL NO.
11-11
10. FIELD OR WILDCAT NAME
Wildcat under nu
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T19N-R5W
12. COUNTY OR PARISH
McKinley
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6564' GL

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Date

5-10-83 to 5-20-83 Testing.

5-21-83 to 5-25-83 Shut in, unable to haul off produced water due to muddy location.

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OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Kevin S. Weller TITLE Production DATE 5-25-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JUN 03 1983

NAI/CC

BY K. T. Jones