Form Approved. Form 9-331 Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR 370 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** Jicarilla 7. UNIT AGREEMENT NAMÉ 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.) 8. FARM OR LEASE NAME Humble Dakota 1. oil gas well \square well 9. WELL NO. 2. NAME OF OPERATOR A CITE / LECT 10. FIELD OR WILDCAT NAME Lynco Oil Corporation Wildcat 3. ADDRESS OF OPERATOR Ste E-300 8233 Via Paseo-11. SEC., T., R., M., OR BLK. AND SURVEY OR Del Norte, Scottsdale, Arizona 85258 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 21, T22N, R2W AT SURFACE: 875 FNL, 910 FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Sandavol New Mexico AT TOTAL DEPTH: same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7328 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* Ran tubing to 4650'. Set 15 sack cement plug from 4650' to 4450'. Pulled 10/7/81 tubing. Perforated at 4325' with 4 shots. Ran tubing and set cement retainer at 10/8/81 4225'. Squeeze cemented with 27 sacks of class B cement. Pulled tubing. Perforated at 2750' with 4 shots. Ran tubing and set cement retainer at 2600'. Squeeze cemented with 41 sacks class B cement. Pulled tubing. Perforated at 2410' with 4 shots. 10/9/81 Welded cap on surface casing. MAY 11 1984 OIL CON. DIV. Set @ _ Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct

*See Instructions on Reverse Side

(This space for Federal or State office use)

TITLE Vice President DATE 10-14-81

NMOCC

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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