5. LEASE

NM - 42417

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| GEOLOGICAL SURVEY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
|---|--|---|--|
| | RY NOTICES AND REPORTS ON WELLS his form for proposals to drill or to deepen or any fact the different form 9-331-C for such proposals.) | 7. UNIT AGREEMENT NAME | |
| reservoir. Use | Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME | |
| 1. oil | gas X other | Capulin Mesa | |
| well 1- | wen outer of by | 9. WELL NO. | |
| | of OPERATOR d Povelty Company | #1 | |
| | d Royalty Company | 10. FIELD OR WILDCAT NAME | |
| | SS OF OPERATOR | Gavilan Pictured Cliffs | |
| | wer 570, Farmington, NM 87401 ON OF WELL (REPORT LOCATION CLEARLY, See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | |
| below.) | on or well (Report Location Cleanss space 17 | Section 31, T25N, R1W | |
| • | FACE: 1630' FNL & 1050' FWL | 12. COUNTY OR PARISH 13. STATE | |
| AT TOP PROD. INTERVAL: | | Rio Arriba New Mexico | |
| AT TOT | AL DEPTH: | 14. API NO. | |
| 16. CHECK | APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | |
| REPORT | T, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | |
| | | 7489' GL | |
| - | OR APPROVAL TO: SUBSEQUENT REPORT OF: | | |
| TEST WATER SHUT-OFF | | | |
| FRACTURE TREAT | | | |
| REPAIR WELL PULL OR ALTER CASING NOTE: Report results of multiple completion or zone change on Form 9–330.) | | | |
| | | | |
| MULTIPLE COMPLETE CHANGE ZONES | | | |
| ARANDON* HU. S. GEOLOGICAL SURVEY & | | | |
| (other) S | pud & Casing Report X FARMINGTON | M. M. Carrier and | |
| measur | BE PROPOSED OR COMPLETED OPERATIONS (Clearly stating estimated date of starting any proposed work. If well is deed and true vertical depths for all markers and zones pertiner | lirectionally drilled, give subsurface locations and nt to this work.)* | |
| 9-11-82 | Spudded 12-1/4" surface hole at 9:15 pm total depth of 240". | n on 9-11-82 and drilled to a | |
| 9-12-82 | Set five joints (220.30') of 8-5/8", 24 Cemented with 206 cubic feet of Class' celloflake. Plug down at 4:30 am on 9- surface. | 'B" containing 3% CaCL2, 1/4# | |
| 18. I hereby | Safety Valve: Manu. and Type y certify that the foregoing is true and correct Secretary (This space for Federal or State off | DATE <u>September 13, 1982</u> | |
| APPROVED BY | Y TITLE OF APPROVAL, IF ANY: | ACCEPTED FOR RECORD | |
| | | nagerieu fun ne unu | |

*See Instructions on Reverse Side

DY Smm

STP 10 1982