

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

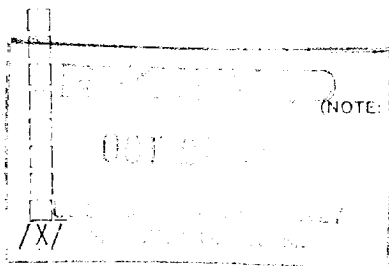
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Tesoro Petroleum Corporation
3. ADDRESS OF OPERATOR
Colorado 80202
2000 1st of Denver Plaza, Ste. 2000, Denver
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FNL X 1820' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

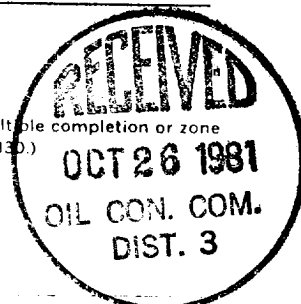
- WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Spud

SUBSEQUENT REPORT OF:



5. LEASE
N00-C-14-20-5210
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jaquez
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T25N-R11W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6203' GL, 6208' KB

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



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.)*

Spud well at 3:00 PM, 8/30/81 and drill 12 1/4" hole to 233 ft. (KB). Set 229' 8 5/8", 23#, K-55 casing at 232 ft. (KB) and cement to surface with 125 sacks class "B" w/2% calcium chloride. Prepare to drill 6 1/4" hole to TD.

Subsurface Safety Valve: Manu. and Type

None

Set @ _____ Ft.

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

SIGNED *W. J. Pikes*

TITLE Dist. Oper. Mgr. DATE 8/31/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE _____ DATE _____