Form 9-331 Dec. 1973

SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE

REPAIR WELL

CHANGE ZONES

Form Approved.

Budget Bureau No. 42-R1424 1 File 5 BLM, Fmn UNITED STATES 5. LEASE NM 0271 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT NAME 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 Hall 9. WELL NO. KX other well well 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME C. M. Paul Basin Dakota 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P O Box 208, Farmington, NM 87499 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 20, T31N R13W NMPM below.) 12. COUNTY OR PARISH 13. STATE 1190' FSL - 1500' FWL AT SURFACE: NM San Ju<u>an</u> AT TOP PROD. INTERVAL: 14. API NO. AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: RECEIVED TEST WATER SHUT-OFF FRACTURE TREAT

UCI 5 (Note: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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.)*

> Plan to attempt to locate suspected casing leak, repair well, and return to production.

Set @ Subsurface Safety Valve: Manu. and Type $_$ 18. I hereby certify that the foregoing is true and correct 10-4-83 Geologist TITLE . SIGNED (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:



3.