| Form | 9-331 |
|------|-------|
| (May | 1903) |

FRACTURE TREAT

(Other)

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on re-

SUBMIT IN TRIPLICATE.

Form approved. Budget/Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL SURV | /EY |
|-----------------|-----|
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MULTIPLE COMPLETE

MOO=C=1420-1726

ALTERING CASING

| (Do not use this form for )  | OTICES AND REPORTS Openoosals to drill or to deepen or plug bar PLICATION FOR PERMIT—" for such pro | ck to a different reservoir |                   |                | E OR TRIBE NAME |
|--|---|-----------------------------|-------------------|----------------|-----------------|
| 1.   |   |                             |                   | te Mount       |                 |
| WELL GAS OTH   | ER  |                             |                   |                |                 |
| 2. NAME OF OPERATOR  |   | Glenn A. Do                 | OW 8. FAR         | M OR LEASE NAM | (E              |
| Minerals Management 3. ADDRESS OF OPERATOR   | t IncClinton Oil Co   | )T. Keith M                 | arks Fe           | ederal U       | te_35           |
| 501 Airport Dr. 4. LOCATION OF WELL (Report local See also space 17 below.) At surface | Suite 210 Farmingto   | n. New Mexico               | 0 87401<br>10. FE | #1             | 3 WILDCAT       |
|  |   |                             | 11. SEC           | rde Gall       | LE. AND         |
| 2100' FNL, 800' FF   | EL, SEC. 35, T31N, R1   | .5W                         |                   |                |                 |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, 1  | RT, GR, etc.)               |                   | NTY OR PARISH  |                 |
|  | 5425 GR   |                             | Sar               | ı Juan         | N. Mex.         |
| 16. Check  | Appropriate Box To Indicate Na  | iture of Notice, Repor      | t, or Other Do    | ata            |                 |
| NOTICE OF  | INTENTION TO:   | •                           | SUBSEQUENT REPO   | ORT OF:        |                 |
| TEST WATER SHUT-OFF  | PULL OR ALTER CASING  | WATER SHUT-OFF              |                   | REPAIRING W    | ELL             |

SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* REPAIR WELL CHANGE PLANS (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

FRACTURE TREATMENT

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.)\* 6-4-75 Perforate 4377'-4379' w/2 holes, 4350'-4370' w/8 holes. Attempt to breakdown. Pump 8 BPM @ 3500 psi. Reperforate 4377'-4379' w/2 50 gm jets and 4350'-4370' w/8 50gm jets. Acidize w/500 gallons mud acid. Sand oil frac with 81,816 gal. oil w/14,000# 100 mesh, 32500# 20-40 sand and 28,000# 10-20 sand. Max press 2650 psi. Average injection rate 33 1/2 BPM.



| 8. I hereby certify that the foregoing is true and correct SIGNED | Area Manager<br>TITLE Minerals Management Inc | .DATEJune 9, 1975 |
|---|---|-------------------|
| (This space for Federal or State office use)                      |   |                   |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:                        | TITLE   | DATE              |