

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 ☐ gas ☐ other ☒ Dry Hole
2. NAME OF OPERATOR
KIMBARK OPERATING CO.
3. ADDRESS OF OPERATOR
1860 Lincoln Street #808, Denver, CO 80295
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: NW NW 825' FNL, 905' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	

5. LEASE M00-C-1420-0623	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME UTE MTN. TRIBE	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME FED. CLARENCE DARROW	
9. WELL NO. #1	
10. FIELD OR WILDCAT NAME PINON MESA	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA SEC. 14, T31N, R14W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5970' 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.)*

PLUGGED AND ABANDONED AS FOLLOWS: 4/21/77

3070-3220' 60 SXS
1175-1275 40 SXS
150-250 40 SXS

Top surface w/marker 10 SXS

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Walter K. Arbuckle TITLE President DATE 4/25/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: