

MIL. OIL CONS. COMMISSION
Albuquerque, NM 88210UNITED 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

CIBOLA Energy Corp. ✓

3. ADDRESS OF OPERATOR

P.O. Box 1668, Albuquerque, NM 87103

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650 FSL 4200 FCL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

(other) Change Casing Program

5. LEASE

UM- 18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Aciete, Negra

RECEIVED

8. FARM OR LEASE NAME

Aciete, Negra

JAN 18 1983

9. WELL NO.

2

O. C. D.

10. FIELD OR WILDCAT NAME

WILDCAT Area

ARTESIA, OFFICE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12-95-27E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3891' GL

(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.)*

We propose to change the casing program as follows:

1. Set no 13 3/8" casing
2. Set 8 5/8" csg at 1550' instead of 2370'. Cement will be circulated to surface around the 8 5/8" csg.

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

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

SIGNED

TITLE

Op. MGR

DATE

12/29/82

APPROVED

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF

APPROVAL IF ANY:

JAN 14 1983

JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side