

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 a well in a reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

MAR 30 1983

2. NAME OF OPERATOR

Cibola Energy Corporation O. C. D.

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 & 1200 FEL

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* ☐

(other)

Plug back

SUBSEQUENT REPORT OF

RECEIVED

FEB 17 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

5. LEASE

NM 18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Aciete Negra

8. FARM OR LEASE NAME

Aciete Negra

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Wildcat Dev.

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

Sec. 12-9S-27E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

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

3891.0

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.)*

Reached TD at 7150' on January 29, 1983.

Plugged back to 2550'.

These are the following plugs: 2-2-83

1st plug 7060-6990', 35 sacks Class C Cement with 2% CaCl,
2nd plug 5950-5850', 35 sacks Class C Cement with 2% CaCl,
3rd plug 5706-5606', 35 sacks Class C Cement with 2% CaCl,
4th plug 5060-5960', 35 sacks Class C Cement with 2% CaCl,
5th plug 2650-2550', 35 sacks Class C Cement with 2% CaCl.

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

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

SIGNED David R. Glass TITLE Drlg. Sec. DATE 2-15-83

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____
CONDITIONS OF APPROVAL _____

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side