

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.)

RECEIVED

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
CIBOLA ENERGY CORPORATION

JUL 11 '88

3. ADDRESS OF OPERATOR
P. O. BOX 1668 Albuquerque, NM 87103

O. C. D.

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

330 FEL and 940 FSL

AT SURFACE:

AT TOP PROD. INTERVAL:

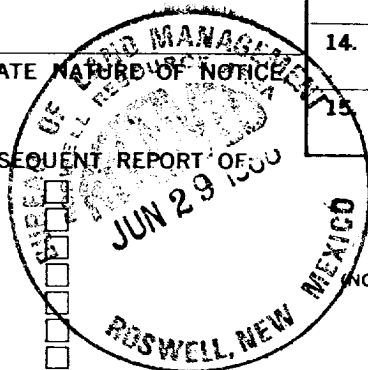
AT TOTAL DEPTH:

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) Proposal to continue having pit in existence on Aceite Negra

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.)*

Operator has been experimenting with the Aceite Negra #4 Well; whereas it should be making considerable oil, it has been making a small amount of oil together with a large amount of water. Operator intends to re-enter well, squeeze present perforation and re-perforate the well in hopes of increasing oil production and lessening water production. When doing this, operator will need a dirt pit though not as large a pit as presently exists. Therefore, operator proposes to cover half of existing pit and requests authority to leave remaining half available for use during this experimental period with the well.

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

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

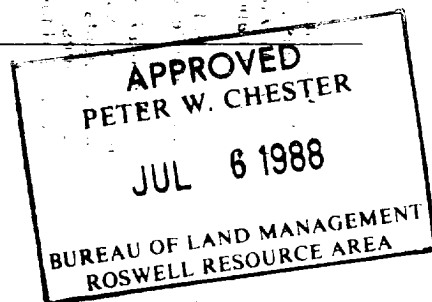
SIGNED _____ TITLE Prod. Secretary DATE June 27, 1988

(This space for Federal or State office use)

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

APPROVED FOR 12 MONTH PERIOD
ENDING JUL 6 1989

*See Instructions on Reverse Side



5. LEASE
NM18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Aceite Negra

8. FARM OR LEASE NAME
Aceite Negra

9. WELL NO.
#4

10. FIELD OR WILDCAT NAME
Wildcat Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12 9S 27E

12. COUNTY OR PARISH 13. STATE
Chaves NM

14. API NO. 30-005-62245

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3880.2