MATERIAL COLUMN TO THE A Form 9-331 (May 1963) ITED STATES Form approved. ~ Budget Bureau No. SUBMIT IN 1 LICATE. DEPARTMENT OF THE INTERIOR (Other instructions on re-42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. GEOLOGICAL SURVEY NM 12408 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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 "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME GAS WELL WELL XX OTHER 2. NAME OF OPERATOR 1980 8. FARM OR LEASE NAME PETROLEUM DEVELOPMENT CORPORATION 🗸 Manzano Federal ADDRESS OF OPERATOR 9. WELL NO. 10 C.D. 9720-B Candelaria, N.E., Albuquerque, N.M., 8711/2/15/A, CFFICE LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Henshaw-Grayburg West 3214' FNL, 1835' FEL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T16S, R30E 12. COUNTY OR PARISH 18. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3796.7 GR Eddy N.M. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) Re-cement 4 casing REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)* Perforated $4\frac{1}{2}$ " casing at 640'. Cemented with 1100 sacks of B-J Lite and 100 sacks Class "C" 2% CaCl2. Circulated 70 sacks cement. Job complete at 3:00 P.M. 11/20/80 NOV 2 1 1007 First Laboration of

	* * *
18. I hereby certify that the foregoing is true and correct	
signed Claudia Leslie TITLE Secretary	DATE11/21/80
(This space for Federal of State office use RECORD PETER W. CHESTER APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: NOV 2 6 1980	
U.S. GEOLOGICAL SURVESee Instructions on Reverse Side	