N. M. O. C. C. C. CUPY UNITED STATES SUBMIT IN TRIPLICATE OF THE INTERIOR (Other instructions on reverse side) Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) 5. LEASE DESIGNATION AND SERIAL NO. 10-029942 (5) GEOLOGICAL SURVEY 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.) RECEIVED 7. UNIT AGREEMENT NAME GAS WELL WELL -8. FARM OR LEASE NAME JAN 3 1 1973 2. NAME OF OPERATOR Toco Hills B Federal Amadarko Production Company 9 WELL NO. P. O. Box 67, Loco Hills, New Merico 83250. C. L. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements E See also space 17 below.)
At surface 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1900 FSL and 1900 FML of Section 9, T. 17-5, R. 30-2, Eddy County, New Maxico Sec. 9, T-17-S, R-30-D 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Now Northeon 14. PERMIT NO. Eddy 3654 GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING Momos ABANDON* SHOOT OR ACIDIZE (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 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.) • Nam 2 3/3" tubing with dual string packer set at 2122", tubing at 2850'. Num l' tubing and seated in packer to vent louer zone. Ran rods and pump to produce lower some (Crayburg). Upper zone (Caven Rivers) will be shut in and will not be produced at this time. Equipment was installed on 10 January 1973. 18. I hereby certify that the foregoing is true and correct Original Signed By Area Supervisor DATE TITLE _ Tavton SIGNED State office use)

A DO CONDITIONS

OTING DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side