

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.)

1. oil well gas well other

2. NAME OF OPERATOR
TREASORO PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
8700 TREASORO DRIVE SAN ANTONIO TX 78286

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1670' FSL + 2460' FWL
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH: SAME

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)

SUBSEQUENT REPORT OF:

-
-
-
-
-
-

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
MAR 04 1987

5. LEASE
NM 052 931

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HANSON

9. WELL NO.
31

10. FIELD OR WILDCAT NAME
HOSPAA LOWER SOUTH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 6 - T17N - R8W

12. COUNTY OR PARISH
MCKINLEY

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6878' GL + 6891' KB

(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.)*

THE ORIGINAL PERFS WERE 1550-58'. ON 10/25/85, 1550-58' WAS REPERFORATED & PERFS 1558-64' WERE ADDED.

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MAR 05 1987
OIL CON. DIV.
DIST. 3

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

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

SIGNED Edward J. Maitley, Jr. TITLE AREA PRODUCTION MANAGER DATE 2/27/86

(This space for Federal or State office use)

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