

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
Worldwide Exploration Consultants Inc.

3. ADDRESS OF OPERATOR K&A, Inc. Minerals Management
Suite 105, 501 Airport Dr. Farmington, N.M. 87401

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

AT SURFACE: 660FSL, 1650FEL Sec 33, T20N, R4W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☒ ☐
(other) _____

5. LEASE NM 7998
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Federal 33
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T20N, R4W NMPM
12. COUNTY OR PARISH Sandoval 13. STATE N.M.
14. API NO. 30-043-20323
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6770 GR 6784 RKB

(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.)*

Drilled to T.D. of 5678:
Recovered 500' water cut mud and 4188' water from interval 5663-78.
Operator proposes to plug and abandon as follows:

Interval	Length	Cement
5670-5520	150'	60 SX
4655-4505	150'	60 SX
3535-3385	150'	60 SX
2575-2425	150'	60 SX
300-150	150'	60 SX
30-0	30'	10 SX

Verbal approval received from Mr. Ed Schmidt 10A.M.,

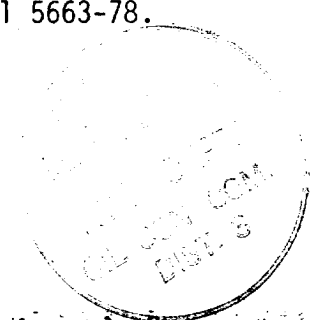
Subsurface Safety Valve: Manu. and Type _____ July 4, 1978.

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

SIGNED: [Signature] TITLE: Area Manager K&A Inc Min. Mgmt DATE: 7-6-78

(This space for Federal or State office use)

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



JUL 12 1978

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