

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
Northwest Exploration Company
3. ADDRESS OF OPERATOR
P.O. Box 5800, T.A., Denver, CO 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2035' FNL & 1105' FEL
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) well status	<input type="checkbox"/>

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RECEIVED (NOTE: Re)

JUN 21 1962

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 16582, NM 27163, NM 25308
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Natani
9. WELL NO.
20
10. FIELD OR WILDCAT NAME
~~Undesignated~~ Rusty Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 T22N R6W
12. COUNTY OR PARISH | 13. STATE
Sandoval | New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7020' KB

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.)*

This is to inform you that the pit has been filled, recontoured and reseeded per BLM specifications.

This Sundry Notice supersedes the Sundry Notice dated 9-19-83.

RECEIVED
NOV 28 1983
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 Sally H. DuVal TITLE Regulatory Compliance 11-10-83
Sally H. DuVal Coordinator
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NOV 23 1983

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

AMOCG