NM 13771 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME CIDO well 🔯 well other 9. WELL NO. #3 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME NAME MITTON & DENNY REEVES PUERTO CHIQUITE EAST 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR 2040 CAMERO LAS VEGAS, NEVADA ARFA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 SEE BELOW 12. COUNTY OR PARISH 13. STATE AT SURFACE: AT TOP PROD. INTERVAL: RIO ARRIBA NEW MEXICO AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7180 SUBSEQUENT REPORT. OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF RECEIVED FRACTURE TREAT SHOOT OR ACIDIZE 2 1980 DTE: Report results of multiple completion or zone REPAIR WELL PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE U. S. GEOLOGICAL SURVEY **CHANGE ZONES** FARMINGTON, N. M. ABANDON* CHANGE PLANS (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.)* Feet from the West line and 2100 Feet from 230 Unit Letter L the South Line, Section 10 Township 25 Range RIE NMPM. Spudded in April 26, 1983 Set 100Ft. 10" 36.00# 1st Surface & Cement 50 Sks. Drill 10" Hole Relow Water Formation & Set 2nd String Surface 7" 23# Casing & Cement Up To Cover Water Fractures. Drill Thru producing Formation W/Air. OIL CON. DIV. · Dist. 3 Subsurface Safety Valve: Manu. and Type _____ ____ Set @ _____ Ft. 18. I hereby certify that the foregoing is true and correct TITLE _ DATE (This space for Federal or State office use) APPROVED BY ____ TITLE __ _ DATE _ CONDITIONS OF APPROVAL, IF ANY: AGUST HER FOR REPORTA *See Instructions on Reverse Side

MAY 100 1983

