

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
Minel, Inc.

3. ADDRESS OF OPERATOR 87108
309 Washington, SE, Alb., NM

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

AT SURFACE: 1570' FNL, 790' 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 ☐

FRACTURE TREAT ☒

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE

SF-080566-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cayias

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Lindrith Gallup/Dakota West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.-2, T25N, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7335 GR

(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.)*

Plan to frac upper Gallup perfs from 6860' to 7230' (1 shot per 2 feet-185 holes). This interval was perforated on 11-12-87. It was not fracked at that time due to well flowing back after perforating.

RECEIVED
BLM MAIL ROOM
08 APR 14 PM 1:20
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
APR 25 1988
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

I certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE

11-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 18 1988

AREA MANAGER

*See Instructions on Reverse Side

NMOCC