

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
Ladd Petroleum Corporation
3. ADDRESS OF OPERATOR
830 Denver Club Bldg. Denver, Colo. 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1540' FSL 1850' FEL (SE)
AT TOP PROD. INTERVAL:
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) Name Change

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE	USA- SF- 079161
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
7. UNIT AGREEMENT NAME	N/A
8. FARM OR LEASE NAME	Lindrith
9. WELL NO.	14 M name change to 14E
10. FIELD OR WILDCAT NAME	Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 4-T26N-R7W
12. COUNTY OR PARISH	13. STATE Rio Arriba New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	6606' (GR)

RECEIVED
(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.)*

Operator has completed well in the Dakota (perfs 7169'-to 7295') only.
Operator will not complete in the Gallup formation (6168'-6966').

Therefore, operator requests to change name of the referenced well from the Lindrith 14M to Lindrith 14E.

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

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

SIGNED John P. Plamski TITLE Operations Technician DATE 6-22-84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUN 28 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY XA