

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
PETROLEUM ENERGY, INC.
3. ADDRESS OF OPERATOR
P.O. BOX 2121 DURANGO, COLORADO 81301
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FROM SOUTH LINE AND 660' FROM
AT TOP PROD. INTERVAL: THE ~~EAST~~ LINE
AT TOTAL DEPTH: West
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
NOO-C-14-20-5420
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Staver
~~1 NAVAJO TRIBE 141~~ Navaho
9. WELL NO. 1
10. FIELD OR WILDCAT NAME
~~UNNAMED~~ (NORTH TOCITO 1 Home Mis)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW¹SW¹ SEC. 34, T27N-R18W
12. COUNTY OR PARISH | 13. STATE
SAN JUAN | NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5624' GR

RECEIVED

OCT - 9 1984

BUREAU OF LAND MANAGEMENT
SARASOTA RESERVE AREA

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 PLUG BACK TO 4500' AND COMPLETE THE ORGAN ROCK
GAS ZONE AT 4380'. PERFORATE 4380' - 4390'. ACIDIZE
WITH 500 GALLONS 28% ACID.

A Well Completion Report (Form 3160-4,
formerly 9-330) is required when this
action is completed.

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

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

SIGNED Jay Hoag TITLE AGENT FOR OPERATOR DATE OCTOBER 5, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 16 1984

CONDITIONS OF APPROVAL, IF ANY:

for M. MILLENDACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC