UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

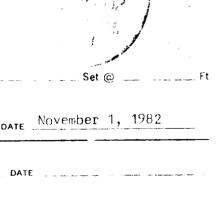
PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	MM SF-020496
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE 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	7. UNIT AGREEMENT NAME
reservoir, Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas (Y)	Yockey
well well other	9. WELL NO.
2. NAME OF OPERATOR	3
B. H. Keyes	10. FIELD OR WILDCAT NAME West Kutz-Pictured Cliffs
3. ADDRESS OF OPERATOR No. 104.2 Artes New Maying 97/110	11. SEC., T., R., M., OR BLK. AND SURVEY OR
Box 842, Aztec, New Mexico 87410	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 20-27N-11W
AT SURFACE: 1850' FNL 1850' FEL Sec. 20	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH:	14. APINO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF TEST WATER SHUT-OFF	30-045-06392
	ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT	6236 Q F .
TEST WATER SHUT-OFF	1986
FRACTURE TREAT	WEY
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE	CAL SUM.
REPAIR WELL PULL OR ALTER CASING	CONOTE: Report results of multiple completion or zone change on Form 9–330.)
GENTAL COLOR	o'.

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.)*

Intend to pull tubing, cleanout to total depth, pressure test casing, sand/foam fracture the Pictured Cliffs formation, and run new tubing.

The proposed starting date is November 15, 1982.



Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct Agent DATE his spage for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL. DISTRICT