## (SUBMIT IN TRIPLICATE)

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| Land Office Sente Fe     |
|--------------------------|
| Lease No. 078936         |
| Unit SHAL Sec. 2, T-27N, |
| R-12W, NEWEY             |

| SUNDRY 1                                                                                                                      | NOTICES AN                                                 | D REPORT                                        | rs on well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (ALI)                             |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                                                                                                               | X.                                                         | 1                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 195 <del>- 101   8</del> 195      |
| NOTICE OF INTENTION TO DRILL                                                                                                  |                                                            |                                                 | T OF WATER SHUT-OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N OIL Call I                      |
| NOTICE OF INTENTION TO CHANGE PL                                                                                              | <b>\</b>                                                   | 1                                               | T OF SHOOTING OR ACIDIZII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |
| NOTICE OF INTENTION TO TEST WATER                                                                                             | 1                                                          | 1                                               | T OF ALTERING CASING<br>T OF REDRILLING OR REPAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |
| NOTICE OF INTENTION TO RE-DRILL O                                                                                             | 1                                                          |                                                 | T OF ABANDONMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |
| NOTICE OF INTENTION TO PULL OR AL                                                                                             |                                                            |                                                 | LL HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |
| NOTICE OF INTENTION TO ABANDON W                                                                                              |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| MOTICE OF INTENTION TO TESTINEOUS                                                                                             |                                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| (INDICATE                                                                                                                     | ABOVE BY CHECK MARK NAT                                    | URE OF REPORT, NOTIC                            | CE, OR OTHER DATA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |
|                                                                                                                               | · · ·                                                      |                                                 | July 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , 19 <u>51</u> .                  |
| Well No2 <u>Harmon—</u> eds loca                                                                                              | T-27N, R-12V                                               | ·                                               | 50ft. from \{\begin{align*}{c} \begin{align*}{c} \begin{align*} | e of sec2                         |
| (¼ Sec. and Sec. No.)                                                                                                         |                                                            | ange)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| West Kutz (Field)                                                                                                             | Sen Juan (County or 8                                      |                                                 | New Nextco (State or Terr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | itory)                            |
| The elevation of the derrick                                                                                                  |                                                            | •                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
|                                                                                                                               |                                                            | OF WORK                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14 15                             |
| (State names of and expected depths to                                                                                        | objective sands; show sizes, v<br>ing points, and all othe | veights, and lengths of<br>r important proposed | proposed casings; indicate n<br>work)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nudding jobs, cement-             |
| The objective sand in the producing string casing, drilling case approximately as followed of 8 5/8" On cementally 100 sacks. | will be 55 cas<br>ing and producin<br>lows:                | ing, which wi<br>g string will                  | 11 be cemented.<br>L be set and when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Surface<br>n needed               |
| Well to be drilled we set and well drilled approximately 150 qua                                                              | into pay zone w                                            | i <b>th ca</b> ble too                          | ctured Cliffs.<br>ols well will bho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Casing will be<br>en be shot with |
| I understand that this plan of work                                                                                           | must receive approval in wr                                | ting by the Geological                          | Survey before operations n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nay be commenced.                 |
| Company DANUER OIL CO                                                                                                         | YANY                                                       |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| Address 213 First Nat                                                                                                         | ional Bank Pldg.                                           |                                                 | 1111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |
| Amarillo, Texa                                                                                                                | 16                                                         | Ву                                              | C MATTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u></u>                           |
|                                                                                                                               |                                                            | Title                                           | Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                                 |

#. S. GOVERNMENT PRINTING OFFICE 16-8437-4

| Company  | 12.5   |      | · · · · · · | Tat   |      | <b></b> |         |         |  |
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| Lease    | i bes  |      |             |       |      | W       | ell No  | 2       |  |
| Sec      | 2      | т2   | 7N          | , 1   | R 12 | ١., ١   | M.MP.M. | <b></b> |  |
| Location | 1,6501 | from | the         | Morth | line | and     | 16501   | from    |  |



Location 1650! from the North line and 1650! from the West line.

| San | Juan | Coun     | tv |         |   |   | New Me | xico |
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Scale-4 inches equals 1 mile.

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Charles Tinkler

Seal:

Registered Professional
Engineer and Land Surveyor.

Chas. J. Finklea N. Mex. Reg. No. 1302

| Surveyed June | 24, | 19 | 51 |
|---------------|-----|----|----|
|---------------|-----|----|----|