UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

CHANGE GAS POOL

FROM:

TO:

Largo Chacra

Otero Chacra

| orm 9–331 | Form Approved. Budget Bureau No. 42–R1424 |
|--|---|
| UNITED STATES DEPARTMENT OF THE INTERIOR | 5. LEASE NM 03605 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME Marron |
| 1. oil gas Well X other | 9. WELL NO. 42-A (CH) |
| 2. NAME OF OPERATOR R & G DRILLING COMPANY 3. ADDRESS OF OPERATORC/O Walsh Engr. & Prod. Corp | 10. FIELD OR WILDCAT NAME . Otero Chacra |
| P.O. Drawer 419 Farmington, N.M. 87499 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T27N-R8W |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | N.M.P.M. |
| below.) AT SURFACE: 854'FNL, 1850'FWL AT TOP PROD. INTERVAL: Same | 12. COUNTY OR PARISH 13. STATE San Juan New Mexico |
| AT TOTAL DEPTH: | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE PEPAIR WELL | |

SUBSEQUENT REPORT OF REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL change on Form 9-330:) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* See Below (other) 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.)*

___ Set @ _____ Ft. Subsurface Safety Valve: Manu. and Type __ FOR: R & G DRILLING COMPANY

18. I hereby certify that the foregoing is true and correct
Walsh Engr. & TITLE Prod. Corp. _ DATE _ (This space for Federal or State office use) __ DATE __ _ TITLE ____ APPROVED BY CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side

[7]

MAR

NMOCC