5. LEASE

| | UNITED STATES | | | | | | |
|-------|---------------|-----|-----|---------|--|--|--|
| DEPAR | TMENT | OF | THE | INTERIO | | | |
| G | EOLOG | CAL | SUF | RVEY | | | |

| DEPARTMENT OF THE INTERIOR | | | SF 078499 |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | GEOLOGICA | L SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | | | |
| SUNDRY NO | TICES 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 reservoir. Use Form 9–331–C for such proposals.) | | | |
| reservoir. Use Form 9-33 | 31-C for such propo | osals.) | 8. FARM OR LEASE NAME |
| 1. oil gas | | | RIDDLE F |
| well wel | | | 9. WELL NO. |
| 2. NAME OF OPER | RATOR | | 2A |
| FL PASO 1 | NATURAL GAS | s co. | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | | | BLANCO MESA VERDE |
| BOX 990, FARMINGTON, NEW MEXICO | | | 11. SEC., T., R., M., OR BLK. AND SURVEY (|
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | | | |
| below.) | • | • | NMPM |
| AT SURFACE: | 1667'S, 17 | '50 ' E | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. | | | San Juan New Mexico |
| AT TOTAL DEPT | H: | | 14. API NO. |
| 16. CHECK APPROP | RIATE BOX TO | INDICATE NATURE OF NOTIC | DE, |
| REPORT, OR OTHER DATA | | 15. ELEVATIONS (SHOW DF, KDB, AND W | |
| | | | 5924' GL |
| REQUEST FOR APPE | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT- | OFF 📙 | | |
| FRACTURE TREAT SHOOT OR ACIDIZE | \vdash | | |
| REPAIR WELL | H | H | (NOTE: Report results of multiple completion or zo |
| PULL OR ALTER CA | SING 🗍 | | change on Form 9–330.) |
| MULTIPLE COMPLET | Έ 🗌 | | · · · · · · · · · · · · · · · · · · · |
| CHANGE ZONES | | | |
| ABANDON* | | \sqcup | an a |
| (other) | | | |
| including estima | ted date of star ue vertical depth | PLETED OPERATIONS (Clearly sting any proposed work. If well instructions for all markers and zones perticular. Drilled surface | |
| 2/3//8: | | | |
| | | | 10 surface casing, 200' set at 215 |
| | | | nt. Circulated to surface. WOC |
| | 12 nours; | held 600#/30 minutes. | The state of the s |
| | | | |
| | | | |
| | | | |
| | | | 2 7 7 70 70 70 |
| | | | TEB TO 19 |
| | | | OIL CON. CO |
| | | | DIST. 3 |
| Subcurface Safety Va | dve: Manu and T | Type | |
| Subsurface Safety Valve: Manu. and Type | | | Set @ |
| 19. Uharaby cartify that the foregoing is true and correct | | | *** *, } |

__ TITLE Drilling Clerk DATE 2/6/78

(This space for Federal or State office use)

1978