

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.)

5. LEASE OPERATING AGREEMENT	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME NAVAJO 20	
9. WELL NO. 1-28	
10. FIELD OR WILDCAT NAME WILDCAT 4	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 20, T27N, R19W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO. 30-045-23004	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5711' GR.	

1. oil well  gas well  other

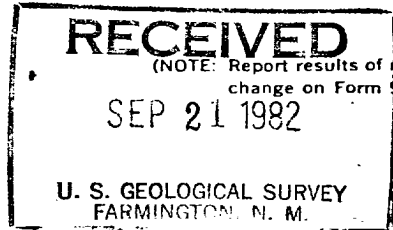
2. NAME OF OPERATOR  
PETROLEUM ENERGY, INC.

3. ADDRESS OF OPERATOR  
P. O. BOX 2121 DURANGO, COLORADO 81301

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1190' from South line and 2510' from AT SURFACE: East line  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <i>Temporary Disposal Pit.</i>	



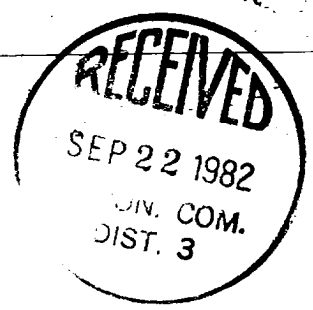
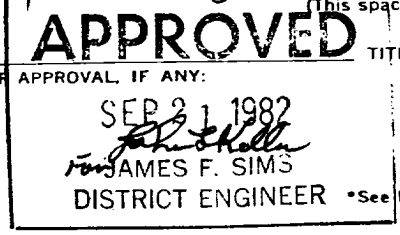
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

*In Compliance with NTL-2B, VII request approval for 90 days temporary disposal to Unlined pit for produced water.*

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED *Jay D. Magness* TITLE AGENT DATE *Sept 21 - 82*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:



NMOCC