

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.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
OKLAHOMA OIL CO.
3. ADDRESS OF OPERATOR Dallas, Texas 75206
4925 Greenville Ave., 1120 One Energy Square
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120N & 2300/W
AT TOP PROD. INTERVAL: same
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 ☐ ☐
FRACTURE TREAT ☐ ☒
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) ☐ ☐

5. LEASE
NM 029145
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
FEDERAL
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
BASIN DAKOTA
11. SEC., T., R., OR BLK. AND SURVEY OR AREA
19-27N-11W
12. COUNTY OR PARISH
SAN JUAN
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DE KDB AND WD)
6132 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Perforated Dakota zone 6344-6353 & 6356-6378' w/ 2 JSPP. Fractured Dakota with 60,000 gal gelled KCL water carrying 108,000# 20-40 sand. Average rate was 35 BPM at 2000 psi. Sand was cleaned out with nitrogen and opened to atmosphere to test. AOF test showed 3446 MCFD. The well was then shut in to wait on pipeline.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED John Alexander TITLE AGENT DATE 04-17-80

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side