

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 well ☐ gas well ☒ other helium gas ☐

2. NAME OF OPERATOR
Petroleum Energy, Inc.

3. ADDRESS OF OPERATOR
Box 2121, Durango, Colorado 81301

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1850' Fr North Line & 1120' Fr
AT SURFACE: West line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
Operating Agreement

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo

9. WELL NO.
1-33

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33, T27N-R19W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

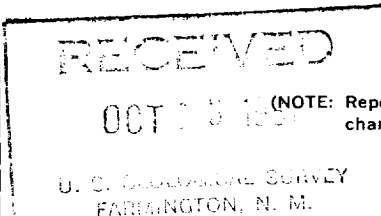
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5781 GR

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

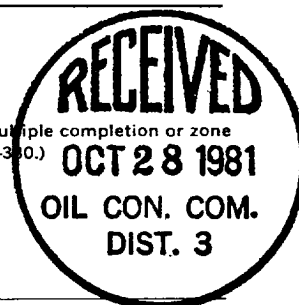
SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-331.0.)

(other) Complete the well in the organ rock (open Hole)



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.)*

Plan to air drill the organ rock formation
open hole for 200' inside the 4 1/2" casing (3 1/2").

Work over rig should be available to do the job
within the next month.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE agent DATE October 6, 1981

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Acting Dist. Super. DATE OCT 28 1981
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC