

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

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.) 1850' from North line & 1120' from AT SURFACE: West line.  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

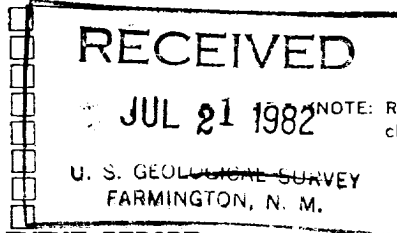
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

PERFORATING AND TREATMENT REPORT

SUBSEQUENT REPORT OF:



5. LEASE OPERATING AGREEMENT

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NAVAJO

7. UNIT AGREEMENT NAME  
NONE

8. FARM OR LEASE NAME  
NAVAJO 33

9. WELL NO.  
1-3

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

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.)\*

PLAN TO PERFORATE AT 1525 FEET WITH THREE SHOTS. CIRCULATE CEMENT TO SURFACE, ESTIMATED 300 SACKS, LET IT SET FOR 24 HOURS. DRILL OUT ORGAN ROCK AT 3595 FEET.



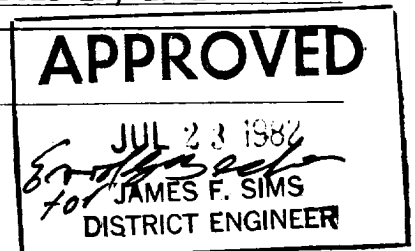
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ ft.

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

SIGNED Jay D. Magness TITLE AGENT DATE JULY 19, 1982

(This space for Federal or State office use)

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



\*See Instructions on Reverse Side

NMOCC