Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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, I...

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE:
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

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) Drilling Completion.

5. LEASE
   OPERATING AGREEMENT

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
   NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   NAVAJO 33

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   13. STATE
    SAN JUAN   NEW MEXICO

14. API NO.

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

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

OIL CON... /.
DIST. 3

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.)*

9-25-52 to 10-4-82 Deepen to 3880. Stuck drill Pipe. (Tubing)

12/20/82 Rig up and Circulate open hole. Pull Tubing.
Set packer at 3450 with open hole from 3595 to 3880

12/22/82 Acidize with 1000 gals. 28% HCl —

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

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

SIGNED _____   TITLE Agent   DATE 4-19-83.

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 03 1983

*See Instructions on Reverse Side

NMOCC