Form 9-331 a (Feb. 1951)

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(SUBMIT IN TRIPLICATE)

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| Land Office | Santa Pe |       |    |            |  |  |
|-------------|----------|-------|----|------------|--|--|
|             | SF       | 0470  | 39 | <b>(P)</b> |  |  |
| Lease No.   | r G      | es Un | it |            |  |  |

## SUNDRY NOTICES AND REPORTS ON WELLS

| _                                                               |                                           |                                         |                           |                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOTICE OF INTENT                                                | TION TO DRILL                             |                                         | SUBSEQU                   | ENT REPORT                | OF WATER SHUT-OFF                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | TION TO CHANGE PLANS                      |                                         | SUBSEQU                   | ENT REPORT O              | F SHOOTING OR ACIDIZING                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | TION TO TEST WATER S                      |                                         | 11                        | ENT REPORT (              | F ALTERING CASING                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | TION TO RE-DRILL OR F                     |                                         | 14                        | ENT REPORT (              | F RE-DRILLING OR REPAIR                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | TION TO SHOOT OR ACI                      |                                         | - 1                       | ENT REPORT (              | F ABANDONMENT                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NOTICE OF INTEN                                                 | TION TO PULL OR ALTE                      | R CASING                                | SUPPLEM                   | ENTARY WELL               | HISTORY                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NOTICE OF INTEN                                                 | TION TO ABANDON WELL                      | L                                       |                           |                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 |                                           |                                         |                           |                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | (INDICATE A                               | BOVE BY CHECK MARK                      |                           |                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Day Gas Un                                                      | it                                        |                                         | Parain                    | rton, Ner                 | Mexico October 11                                                                                                        | ., 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Well No. 1                                                      | is located                                | 990 ft. from                            | $ {N \choose S}$ line     | and 119                   | ft. from Filine of se                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| e/4 3e/4 or                                                     | Section 7                                 | I-10-H                                  | (-TO-4                    | <b>V</b> :•               |                                                                                                                          | and the same of th |
| (1/2 Sec. and<br>Angels Peak                                    | Dakota                                    | San Juan                                | (Range)                   | (NI                       | eridian) New Mexico                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Fie                                                            |                                           | ( b                                     | or Subdivision)           |                           | (State or Territory) (State or Territory) (State or Territory)                                                           | ₽ / <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| rdll be as<br>follows:<br>3178<br>8-5/8<br>4-1/2<br>method with | DEPTH<br>3501<br>2 67001<br>h DV tool set | CEMENT 200 sacks 750 sacks approximatel | REMARKS Neat cir 4-1/2" c | culate. saing wiselow the | . Stimulation and coposed easing program  li be comested by 2 Pictured Cliffs. F above top of Gallup 11 200 - 300' above | stag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| I understand th                                                 | a nist steach                             | <b>0d.</b><br>ust receive approval ir   | n writing by th           |                           | explotion of well. Curvey before operations may be com                                                                   | opie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Company                                                         |                                           |                                         |                           |                           |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address                                                         | ox 480                                    |                                         |                           |                           | ORIGINAL SPANNOR(                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7                                                               | armington, No                             | w Mexico                                |                           | Ву                        | R. M. Squar. H.  Area Engineer                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                 | ttn: L. O. 3                              | peer. Jr.                               |                           | T'. 1                     | Area Engineer                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Well Location and Acreage Dedication Plat

| Section A.                                                                                     |                                                                                                                                               |                                                                                                          |                                 |                                                                                                  | Date OCTO                                                                                                                           | BER 11, 1960                                                 |                           |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------|
| Well No. 1 Located 9 County SAN Name of Produ 1. Is the Oper Yes 2. If the ans agreement drill | Unit Lett P90 Feet JUAN Icing Formation Pator the only own No X Wer to question or otherwise? Led on lease                                    | er P Sect From the SOUT G. L. Elevatio DAKOTA her in the dedicate one is "no", have Yes X No basis. Unit | To be instrument                | Dedice Pool thined on the plat reported later at a cf at the own if answer is "yes s being circu | Feet From _ the sted Acreage _ ANGELS PEAK   below?  ters been consolition; Type of Consolitated for consolitated for consolitions. | eange 10 WES' EAST 321.95 DAKOTA  dated by communitation. We | Line Acres                |
| 3. If the answ<br>Compar                                                                       |                                                                                                                                               |                                                                                                          |                                 | and their respec                                                                                 |                                                                                                                                     |                                                              | \                         |
| Pan America<br>Three State                                                                     | n Petroleum<br>s Natural Ga                                                                                                                   |                                                                                                          | 29.845<br>14.922                | ) Lots                                                                                           |                                                                                                                                     |                                                              | -                         |
| Southern Un                                                                                    | ion Gas Co.<br>at dated 19                                                                                                                    | JULy 1915                                                                                                | 40.311                          | ) Lots                                                                                           | 3, 4, & 5 ar                                                                                                                        | nd SE/4 SW/4                                                 | Section 7                 |
| in Section A a to the best of Pan American R. M. Bauer. (R                                     | rtify that the in bove is true and my knowledge and Petroleum Google (Operator)  Jr. / Wisconstantive)  epresentative) mington, New (Address) | complete ad belief.  orporation                                                                          | Acreage<br>Provisio<br>administ | dedication in<br>ns of Order N<br>rative proced<br>Dakota gas u                                  | accordance woo. R-1628-A eure for approvenit.  OCT1 4 1960                                                                          | rith<br>establishing<br>ral of non-                          | T<br>  29                 |
| 7<br>N 89°43' <b>w</b>                                                                         |                                                                                                                                               | STANDARD<br>89°08'E 26                                                                                   | 18.22 <sup>1</sup>              | PARALLE                                                                                          | 31<br>L                                                                                                                             | NORTH<br>S89°                                                | 58'w N                    |
| N S8 L L S081.64                                                                               | 4<br>24.24 A<br>                                                                                                                              | 3<br>23 <sub>1</sub> 60 A<br>SEC.<br>257.<br>40 A                                                        | 24,12 A<br>7<br>95 A            |                                                                                                  | 4 264 24.00 A  0                                                                                                                    | 3.94 A<br>23.94 A<br>SEC.<br>127.94 A                        | 8 - 5003 %<br>N 89° 57' W |
|                                                                                                |                                                                                                                                               | This is to certi                                                                                         |                                 | IO W                                                                                             |                                                                                                                                     |                                                              |                           |

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

(Seal)

Date Surveyed 24 January 1960

Reg stered Professional Engineer and/or Land Surveyor James P. Leese N. Mex. Reg. No. 1463