

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
Resources Investment Corporation

3. ADDRESS OF OPERATOR
3500 Anaconda Tower, Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 860' FNL & 830' FWL
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:

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

SUBSEQUENT REPORT OF:

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5. LEASE
NM 11929

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Rio Federal

9. WELL NO.
#1-35

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35-T31N-R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6964' 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.)*

Well acidized on 11/21/80 with 1000 gals. 7 1/2% WFC-1 acid.

Operator proposes to frac the above referenced well as follows:

Frac well w/18,750 gals. of Western MiniMax III - 40 & 37,500# 20/40 sd as follows:

Gallons	Proppant Conc.	BPM	Pressures
3750	0 (pad)	12.0	2950
2500	1 ppg	12.0	3000
5000	2 ppg	12.0	3050
5000	3 ppg	12.0	3050
2500	4 ppg	12.0	

Flush to perfs w/2% KCl water.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED _____ No. Dist. Drlg. &
TITLE Prod. Manager

DATE 11/26/80

APPROVED

(This space for Federal or State office use)

APPROVED DEC 03 1980
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

for DISTRICT ENGINEER