

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
MITCHELL ENERGY CORPORATION

3. ADDRESS OF OPERATOR 3200 Amoco Bldg.
1670 Broadway, Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL & 1730' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Spud Report	

5. LEASE

SF 078892

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.

83

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15-T31N-R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

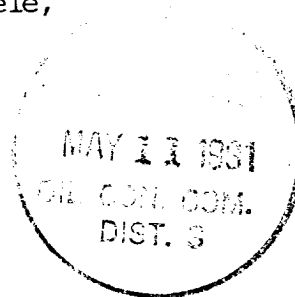
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6655' CR

(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.)*

Per your letter of April 29, 1981: The above-referenced well was cmt'd w/350 sx class "B" containing 2% CaCl & 1/4#/sk flocele, circulated to surface - good returns.



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

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

SIGNED B.W. Fischer TITLE Area Prod. Mgr. DATE 5/4/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

[Signature]

MAY 07 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY *[Signature]*