

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
Wexpro Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

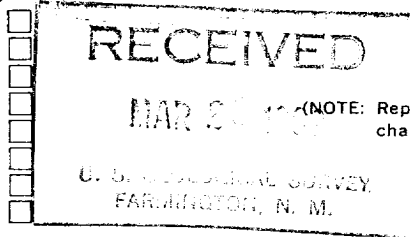
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: NE NE 890' FNL, 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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* ☐
(other) ☐

SUBSEQUENT REPORT OF:



5. LEASE
NM - 20313

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Fruitland

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE NE 28-30N-14W., NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
?

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KB 5588.10' GR 5572'

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.)*

TD 12,448', PBD 3520', perforations 1144-1160' and 3282-3288'.

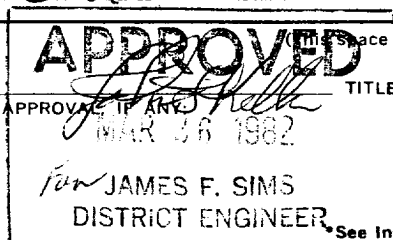
We would like to squeeze the perforations at 3282-3288' with 100 sacks of cement and from 1144-1160' with 200 sacks of cement, clean out to about 5837', perforate 5734-5762' and 5777-5782' with 2 holes per foot, apply frac using 88,000 gallons Stratofrac II, 132,000 pounds 20-40 mesh sand, 50,000 pounds 10-20 mesh sand, and 838,000 Scf carbon dioxide and then make a short production test.

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

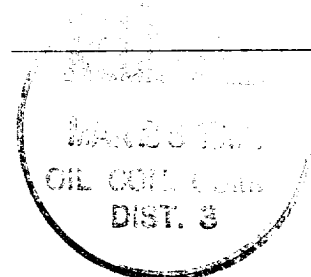
18. I hereby certify that the foregoing is true and correct

SIGNED Lee Martin TITLE Asst Drlg Supt. DATE March 23, 1982

APPROVED BY JAMES F. SIMS TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY _____



See Instructions on Reverse Side



NMOCC