

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 5-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ dry hole
2. NAME OF OPERATOR
Ladd Petroleum Corp.
3. ADDRESS OF OPERATOR
Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FSL - 1540' FWL
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) ☐

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5. LEASE
NM 0206995
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Aztec
9. WELL NO.
2-34
10. FIELD OR WILDCAT NAME
Harper Hill Fruitland
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 T30N R14
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5506' GL

(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.)*

Plugged well as follows: ** (11-27-79)
Spotted 25 sx cement plug from 1180-960'
Spotted 5 sx cement plug from 90' to surface.
Filled Pits and Cleaned location 11-27-79

DRY HOLE MARKER HAS NOT BEEN INSTALLED AT THIS DATE.

**
Verbal Instructions
obtained from Enrol
Beecher 11-26-79

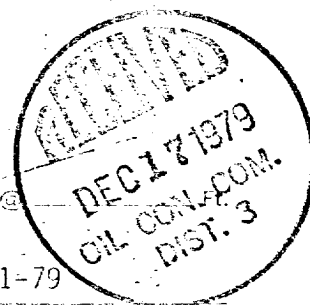
Subsurface Safety Valve: Manu. and Type

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

SIGNED Jim L. Jacobs TITLE Agent DATE 12-11-79

(This space for Federal or State office use)

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



NMOCCL