

**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
Arville SLAUGHTER

3. ADDRESS OF OPERATOR
*DENVER 80205
2626 JOHNS ST. Colo.*

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *5916*
AT TOP PROD. INTERVAL: *2000'*
AT TOTAL DEPTH: *2145'*

5. LEASE *SF043260A
SANGRE DE CRISTO #2S*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
SANGRE DE CRISTO #2S

9. WELL NO.
#2S

10. FIELD OR WILDCAT NAME
UNDESIGNATED Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
34-30N-R11W

12. COUNTY OR PARISH 13. STATE
SAN JUAN NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5916 GL

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 checked="" type="checkbox"/>
(other) <i>WELL # CHANGE</i>	

(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.)*

Request permission to change the Sangre de Cristo #4 well to the Sangre de Cristo #2S well. This change is because the Arctic Oil and Gas Commission carries all paper work on this well as the Sangre de Cristo #2S infill well.

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

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

SIGNED *Arville Slaughter* TITLE *Operator* DATE *19 July 1980*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Done as "2S" already