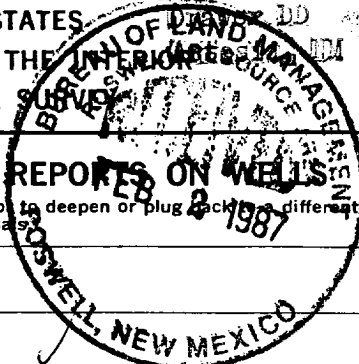


215F

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

Cibola Energy Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1668, Albuquerque, NM 87103

4. LOCATION OF WELL (REPORT LOCATION OF WELL CLEARLY. See space 17 below.)

AT SURFACE: 1063 FSL & 823 FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

FEB -9 1987

O. C. D.

NATURE OF NOTICE, ARTESIAN, OR NOT

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* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) alter drilling program

5. LEASE
NM 38313

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ysletano Canyon Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat - Devonian

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

7-14S-11E

12. COUNTY OR PARISH

Otero

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5611.8

(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.)*

We would like to change the proposed TD of the well to 4400'.

We would also like to alter the casing program to be as follows:

hole size	csg size	wt/ft	setting depth	quantity of cement
12 1/4"	8 5/8"	24#	400'	200 sx circ to surface
8"	5 1/2"	15.5#	4400'	to be determined after reviewing logs.

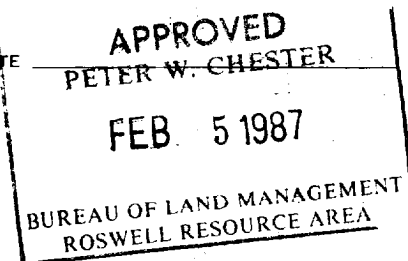
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Karen Tvede TITLE Geologist DATE 1-21-87

(This space for Federal or State office use)

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



*See Instructions on Reverse Side



100-100000
100-100000
100-100000