| | N. M. OIL CONS. COMMISSION P. O. P~V 1980 HOBB: JEW MEXICOM 88240d. Budget Bureau No. 42-R1424 |
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| UNITED STATES | 5. LEASE NM-18643 |
| GEOLOGICAL SHRVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A |
| SUNDRY NOTICES AND BEPORTS ON WELLS | 7. UNIT AGREEMENT NAME N/A |
| (Do not use this form for proposals to drill or to degree or proposals back to a different reservoir. Use Form 9-331-C for such proposals.) | 8. FARM OR LEASE NAME Celsius Federal |
| well well other well MGMT. SERVICE | 9. WELL NO. #1 |
| 2. NAME OF OPERATOR LEMAY ENERGY CORPORATION 3. ADDRESS OF OPERATOR 207 Shelby, Petroleum Bldg., | 10. FIELD OR WILDCAT NAME Wildcat |
| Suite 200, Santa Fe, New Mexico 87501 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2310' FSLa 330' FWL, Section 10, AT TOP PROD. INTERVAL: T-8-S, R-36-E | Section 10, T-8-S, R-36-E 12. COUNTY OR PARISH 13. STATE Roosevelt New Mexico |
| AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. N/A |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4096.4 GR |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF | (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.)*

Drill 11"-12 1/4" hole to the Arhydrite at approximately 2300 feet instead of 420 feet and run 8 5/8" csg to that depth, circulating cement to the surface. The work will be performed in late October.

| Subsurface Safe | ty Valve: Manu. and Type | N/A | Set @ Ft. |
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| 18. I hereby cer | tify that the foregoing is true a | and correct President TITLE LeMay Energy Corp. DATE | October 12, 1982 |
| | () GEORGE | TITLE DAT | |
| CONDITIONS OF | APPROVAL IF ANY: | TITLE DAT | FE |
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*See Instructions on Reverse Side

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