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| Form 9–331   | Form Approved.   |
|--|--|
| Dec. 1973  | Budget Bureau No. 42-R1424                               |
| UNITED STATES<br>DEPARTMENT OF THE INTERIOR  | 5. LEASE NM-07966  |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                     |
| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME                                   |
| (Do not use this form for proposals to drill or to deapen or plugs back to a different reservoir. Use Form 9-331-C for such proposals.)      | 8. FARM OR LEASE NAME                                    |
|  | Bay Federal  |
| well well other SEP 16 1980  | 9. WELL NO.  |
| 2. NAME OF OPERATOR  | 54   |
|  | EYO. FIELD OR WILDCAT NAME                               |
| 3. ADDRESS OF OPERATOR San ArtoBBS, NEW MEXICO   |  |
| 6800 Park Ten Blvd., Suite 200 N.<br>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | 11. SEC., T., R., M., OR BLK. AND SURVEY OF<br>AREA      |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)   | <u>Sec. 35, T205, R36E</u>                               |
| AT SURFACE: 1650' FNL & 990' FWL   | 12. COUNTY OR PARISH 13. STATE                           |
| AT TOP PROD. INTERVAL:   | Lea N.M.   |
| AT TOTAL DEPTH:  | 14. API NO.  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  |  |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD                     |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   | 3565' GL   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:<br>TEST WATER SHUT-OFF  |  |
| FRACTURE TREAT   | · · · · · · · · · · · · · · · · · · ·                    |
| SHOOT OR ACIDIZE   |  |
| REPAIR WELL  | (NOTE: Report results of multiple completion or zon      |
| PULL OR ALTER CASING   | change on Form 9-330.)                                   |
|  |  |
| ABANDON*   |  |
| (other)  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state   | e all pertipent details, and give pertipent dates        |
| including estimated date of starting any proposed work. If well is d<br>measured and true vertical depths for all markers and zones pertinen | irectionally drilled give subsurface locations and       |
| measured and true vertical deptris for an markers and zones pertinen   |  |
| Treated well by spotting 250 gals. Xylene and  | lot cool for 1 hr A-4440 1                               |
| with 2500 gals. 15% N.E. HCL in 2 equal stage  | es with 600# rock calt and                               |
| Benzoic acid flakes mixed 50/50 between stage  | S Achieved good diversion                                |
| Air 3BPM. ATP, stage 1, 250#. ATP, Stage 2,  | 600#. ISTP VAC. Recovered load                           |
| water and test $9-1-80$ was 11 BO + 1 BW, 24 hr  | s. (Test before treatment:                               |
| 2 BO + 2 BW, 24 hrs.)  |  |
|  |  |
|  | ACCEPTED FOR RECORD                                      |
|  | C. J. S.             |
|  | 0FD 4 9 1090   |
|  | SEP 1.8 1980   |
|  | U.S. GEOLOGICAL SURVEY                                   |
| Subsurface Safety Valve: Manu. and Type  | ROSW FR. N. Weth R. F.                                   |
| 18. I hereby certify that the foregoing is true and correct  | KOBAA HEALT CALL AND |
|  | 1t 0/11/00   |
| SIGNED Mary Hall TITLE Production Ana  | <u>1yst</u> date <u>9/11/80</u>                          |
| V (This space for Federal or State offi  | ice use)   |
| APPROVED BY TITLE  | DATE   |
| CONDITIONS OF APPROVAL, IF ANY:  |  |
|  |  |
|  |  |
| *See Instructions on Reverse S   | Side   |
| "See instructions on Reverse 5   |  |

1.00