UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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*

Porm 9–331 Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 13053
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
(but not use this form for proposals to dark of to deepen or ping blick to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR RUTH ROSS	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 464, Santa Fe, NM 87501 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 330 FSL 990 FWL	Wildort 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW4SW4 Sec. 5 T18N R12V
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE McKinley NH 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	

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

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

6680 CR

FARMINGTON, N. M. (other) 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

JUN 4

U. S. GEOLOGICAL SURVEY

SUBSEQUENT REPORT OF:

Plan to fill hole with cement from TD to surface

measured and true vertical depths for all markers and zones pertinent to this work.)*



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• Subsurface Safety Valve: Manu, and Type		Set @	_ Ft.
18. I hereby for lify that the foregoing is t	rue and correct		
SIGNED Thomas D. Che	o TITLE Agent	DATE June 1, 1981	
P-200-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(This space for Federal or State	office use)	
	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		APPROVE	_ [

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR