## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331 Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	515 NM 28692
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 deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME HARVARD FEDERAL # 1
1. oil gas well other  2. NAME OF OPERATOR	9. WELL NO. # 1
JAMES K. FOLK	10. FIELD OR WILDCAT NAME So. Blanco P.C.
	0 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1850 FML 1850 FEL	NENE 2 T 23 N, R 1 W-
AT SURFACE:  AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH: "  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15, ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
REPAIR WELL X (Re-entry)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)

reservoir. Use Form 9-331-C for such proposals.) gas 1. oil XX other well well 2. NAME OF OPERATOR JAMES K. FOLK 3. ADDRESS OF OPERATOR RT. 1 BOX 41 AZTEC, N.M. 874 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 1850 FML 1850 FEL below.) AT SURFACE: tt AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 77 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (Re-entry) REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) REQUEST FOR FURTHER TEST TIME AND POSSIBLY RE-DRELL 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.)\* Subsequent report filtd 6-19-79 has operations to 6-19-79. 6-25-79 Blew well dry with air compressor. Recovered approx. acid water. Blew well dry with air compressor. Recovered approx. # bbl. acid water. Removed compressor. Shut in for pressure build-up. 7-20-79 Checked well. Pressure TSTM. Some Gas on tubing. 'Flared for 7-29-79 Checked well. Pressure TSTM. Some Gas on tubing. approximately 2 minutes. Shut well in. No operations since 8-1-79. Operator plans to re-drill hole پېږ to get away from bore hole damage on present well. Presently requesting extension on lease farm-out and looking for a rig. Set @ Subsurface Safety Valve: Manu. and Type \_\_\_\_ 18. I hereby certify that the foregoing (This space for Federal or State office use) DATE TITLE APPROVED BY 1112 CONDITIONS OF APPROVAL, IF ANY: