

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 ☐ gas ☒ other

2. NAME OF OPERATOR
JAMES K. FOLK

3. ADDRESS OF OPERATOR
RT. 1 BOX 41 AZTEC, N.M. 87410

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1850 FML 1850 FEL
AT SURFACE: "
AT TOP PROD. INTERVAL: "
AT TOTAL DEPTH: "

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 ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

☐
☐
☐
☒ (Re-entry)
☐
☐
☐
☐

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

(other) REQUEST FOR FURTHER TEST TIME AND POSSIBLY RE-DRILL

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 filed 6-19-79 has operations to 6-19-79.
6-25-79 Blew well dry with air compressor. Recovered approx. $\frac{1}{2}$ bbl. acid water.
7-6-79 Blew well dry with air compressor. Recovered approx. $\frac{1}{4}$ bbl. acid water. Removed compressor. Shut in for pressure build-up.
7-20-79 Checked well. Pressure TSTM. Some Gas on tubing.
7-29-79 Checked well. Pressure TSTM. Some Gas on tubing. ? Flared for approximately 2 minutes. Shut well in.
** No operations since 8-1-79. Operator plans to re-drill hole to get away from bore hole damage on present well. Presently requesting extension on lease farm-out and looking for a rig.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

James K. Folk TITLE *operator*

DATE

11-28-79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: