

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Box 1290, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FNL; 1850' FWL

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 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* ☐(other) Perforations ☐

SUBSEQUENT REPORT OF:

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☐
☐RECEIVED
DEC 23 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

SF 078272 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nageezi Federal 3

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Lybrook Gallup Ext

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 3, T23N-R7W NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

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

6941' GR

(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.)*

Perforations for the Lower Gallup are 5583,72,68,51,47,40,36,32,24,20,16,12,01; 5490, 82,77,72,68,60,51,45,40,36,32 for a total of 24 shots.

Perforations for the Upper Gallup are 5374,69,64,54,49,44,36,24,17,11; 5290,70,49, 37,31,25,13,03; 5168,64,24,16,02; 5096,62,56,10,02; 4990, 74 for a total of 30 shots.

RECEIVED
DEC 30 1983
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

J. A. Edmister

TITLE

Engineering Analyst

DATE

December 16, 1983

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

DEC 29 1983

FARMINGTON RESOURCE AREA

BY

KF

NMOCC