

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 ~~well proposals~~.)

1. oil ☒ well ☐ gas well ☐ other

2. NAME OF OPERATOR
Dave M. Thomas, Jr.

3. ADDRESS OF OPERATOR
P.O. Box 2026, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FSL 1850' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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* ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

(other) Additional Interval

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

Contract No. 413

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Jicarilla Apache "D"

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

West Lindrith Gallup - Dakota

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

Sec. 23 - T23N - R3W NMPM

12. COUNTY OR PARISH 13. STATE

Sandoval New Mexico

14. API NO.

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

7437 GL "7151" KB

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.)*

See Attached for fracture treatment

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JUN 04 1984

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dwayne Blansett TITLE Prod. Superintendent DATE May 25, 1984

(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

MAY 31 1984

FARMINGTON RESOURCE AREA

BY ESB

Operator Dave M. Thomas, Jr. Lease and Well Jic. Apache "D" # 9

Correlation Log Type _____ From _____ To _____

Temporary Bridge Plug Type Baker - Retreivable Set At 7230

Perforations 6491 - 6509
4 Per foot type 3-1/8" Bull Jet

Pad 10,000 gallons. Additives 20 lbs. WG-11 per
1000 gals., 2% KCL, 20 lbs. Adomite Aqua per 1000 gals.,
1 gal. Losurf - 259 per 1000 gals., 2 gals. Non-emulsifier -
15N per 1000 gals.

Water 70,000 gallons. Additives 20 lbs. WG-11 per
1000 gals., 2% KCL, 20 lbs. Adomite Aqua per 1000 gals.,
1 gal. Losurf - 259 per 1000 gals., 2 gals. Non-emulsifier -
15N per 1000 gals.

Sand 105,000 lbs. Size 20-40

Flush 4,340 gallons. Additives _____

Breakdown 3200 psig

Ave. Treating Pressure 2500 psig

Max. Treating Pressure 2700 psig

Ave. Injecton Rate 52 BPM

Hydraulic Horsepower 3186 HHP

Instantaneous SIP 500 psig

5 Minute SIP 475 psig

10 Minute SIP 450 psig

15 Minute SIP 450 psig

Ball Drops: None Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig
_____ Balls at _____ gallons _____ psig

Remarks: _____