

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  
Ruth Ross
3. ADDRESS OF OPERATOR  
P.O. Box 464, Santa Fe, NM 87501
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 825' FSL 550' FEL (SE $\frac{1}{4}$ SE $\frac{1}{4}$ )  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
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) ☐

SUBSEQUENT REPORT OF:

☒ **RECEIVED**  
☐  
☐ **SEP 15 1981**  
☐  
☐ U. S. GEOLOGICAL SURVEY  
☐ FARMINGTON, N. M.  
☒ Spudding and Setting Surface Casing

5. LEASE  
NM 13771
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A
7. UNIT AGREEMENT NAME  
N/A
8. FARM OR LEASE NAME  
Rio Arriba
9. WELL NO.  
#1
10. FIELD OR WILDCAT NAME  
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T25N R1E
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6992' 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.)\*

Spudded on 8/30/81. Set 30' 8 5/8" new surface casing with 10 sacks regular cement to surface on 9/9/81.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ruth Ross TITLE Operator DATE September 9, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

BY Sam