

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 808, Farmington, N.M. 87499  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1770 ft./S; 1660 ft./W line  
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\* ☐

SUBSEQUENT REPORT TO:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Change proposed total depth.

5. LEASE  
NM-014023  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
F-27-24-7  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Escrito Gallup  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, T-24N, R-7W, N.M.P.M.  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5897 GR

RECEIVED  
MAY 5 1983  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

(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.)\*

We desire to change the total depth of this well from 5760 ft. to 5980 ft. in order to reach the base of the Gallup formation.

All other procedures to remain the same.

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

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

SIGNED W. K. Cooper TITLE Field Oper. Mgr. DATE May 5, 1983

(This space for Federal or State office use)

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

APPROVED  
AS AMENDED

\*See Instructions on Reverse Side

NMOCC

MAY 05 1983  
JAMES F. SIMS  
DISTRICT ENGINEER  
Acting Area Manager