

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

SOUTHERN UNION EXPLORATION COMPANY

3. ADDRESS OF OPERATOR

P. O. BOX 2179 FARMINGTON, NM 87499

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

AT SURFACE: 790' FSL & 790' FEL

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* ☒

SUBSEQUENT REPORT OF:

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RECEIVED

SEP 5 1985

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(other) Temp. Abandonment of Wildhorse Gallup

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.)*

The Wildhorse Gallup & Basin Dakota zones were commingled without suitable production. The Dakota was isolated from the Gallup w/packers and a sliding sleeve. The Dakota is producing through 1½" EUE tbg, below Model D packer; the Gallup is temporarily abandoned, isolated from Mesa Verde w/ Model FH packer & behind a closed sliding sleeve on the Dakota string. See Diagram. We request temporary abandonment due to future economic potential of the Wildhorse Gallup zone.

RECEIVED
SEP 11 1985
OIL CON. DIV.
Set @ DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Drlg & Prod Eng. DATE Sept 4, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 06 1985

[Signature]

*See Instructions on Reverse Side

NMOCC

Schematic

