

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
Southern Union Exploration Company
3. ADDRESS OF OPERATOR Suite 1800, First
International Bldg., Dallas, Tx. 75207
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.) Sec. 18, T25N, R13W
AT SURFACE: 1650 FNL, 1650 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

5. LEASE
NM - 5459
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Grynburg Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA Sec 18, T25N, R13W
NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-22953
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6421 - 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.)*

5-23-78 Set Baker Model "P" Bridge Plug at 1322'
Perforated 1300-16, 1257-67, 1236-52 with 4 jet shots per ft.
Swabbed dry. 1 hour SIP 25 psi. Flowed 1 hr. with final rate
of 4.2 MCFD.

5-24-78 Acidized well with 250 gal. 5 % HCL with 0.6% HF at 4 BPM
and max pressure of 200 psi. Pressure broke to 0 psi.
Swabbed back 17 B.F. Slight gas show.

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

18. I hereby certify that the foregoing is true and correct
K&A, Inc. Minerals Management
SIGNED [Signature] TITLE Area Manager DATE 6-21-78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

045 USGS/1-Southern Union Exploration Co./11-File

