

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

Turner Production Company

3. ADDRESS OF OPERATOR

c/o A. R. Kendrick, Box 516, Aztec, NM 87410

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

AT SURFACE: 1460' FSL 790' FEL §26-26N-7W

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:

☐

☐

☐

☐

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☐

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5. LEASE

NM-0111-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner 26

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-126N-7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

30-039-2311

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7027 RDB

RECEIVED

(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.)*

Due to excess water, the Chacra zone of this dual completed well will be temporary abandoned until further notice.

The Pictured Cliffs zone will continue to produce into the pipeline.

RECEIVED

OCT 05 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 AR Kendrick TITLE Agent DATE September 21, 1984

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 10 1984

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
RY 883