

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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 Curtis Oil Company  
3. ADDRESS OF OPERATOR P.O. Box 780, Farmington, New Mex  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1043 F/S + 983' F/W  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

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:

(other) Flow Oil Zone - Flare Gas

RECEIVED

NOV 17 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED

NOV 22 1983

OIL CON. DIV.

DIST. 3

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.)\*

11-8-83 Packer Test run. Test indicates good separation.

11-16-83 To further evaluate Tocito zone, permission to flow well 3 hours per day, twice weekly, is hereby requested. This program would be used only until pipeline connections are made. Connection expected by 2-1-84.

Estimated gas production that would be flared 40 mcf ~~per~~ <sup>per</sup> 3 hr period

Oil production would be gauged in stock tanks now on location.

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

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

SIGNED Charles E. Vignier TITLE Supt. DATE 11-16-83

(This space for Federal or State office use)

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

APPROVED

\*See Instructions on Reverse Side

NMOCC

NOV 21 1983

M. MILLENBACH

AREA MANAGER