Form 9-331
Dec. 1973

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
   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 550' FNL & 990' FWL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) Water Well			

5. LEASE
   SF-078433

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Newsom

9. WELL NO.
   #13

10. FIELD OR WILDCAT NAME
    Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec 20-T26N-R8W

12. COUNTY OR PARISH
    San Juan

13. STATE
    New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6273'

RECEIVED

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

JUN 03 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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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 want to take the above referenced well out of Plug & Abandon status.
We want to classify it as a water well. We plan to utilize the well
for water source for future drilling operations.

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

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

SIGNED _Evelyn J. Koglin_ TITLE Office Supervisor DATE June 2, 1987

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 0 1987

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCC