

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
P. O. Box 2179 Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850' FSL & 790' FEL
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

JAN 21 1987

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 Economics of the oil & gas, SX would like to discontinue this plugback and completion of the Pictured Cliffs at this time.
At a future date we would like to resubmit.

RECEIVED
JAN 21 1987
OIL COM. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Maui Boon TITLE Drlg & Prod. Supt. DATE January 20, 1987

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JAN 22 1987

*See Instructions on Reverse Side

NM000

FARMINGTON RESOURCE AREA

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