

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
UNION TEXAS PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 820' FSL & 1055' FEL (SE SE)
AT TOP PROD. INTERVAL: same as above
AT TOTAL DEPTH: same as above

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Complete re-seed and paint.

SUBSEQUENT REPORT OF:

U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

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

5. LEASE
SF 078384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Newsom "B"

9. WELL NO.
#10-E

10. FIELD OR WILDCAT NAME
Basin-Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
P Sec. 8, T26N, R8W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

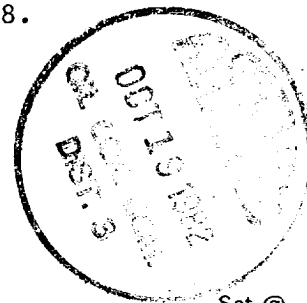
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6412' Gr.

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.)*

Location re-seeded with BLM seed mix #1 and above ground equipment

painted with Federal Standard Brown, #595a-30318.



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

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

SIGNED _____ TITLE Field Oper. Manager DATE 9/30/82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

OCT 17 1982

FARMINGTON DISTRICT
BY *[Signature]*

*See Instructions on Reverse Side

NMOCC