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| 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 gas well other 2. NAME OF OPERATOR ET ASO NATURAL Gas Company 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1700'S, 1450'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 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 REPARK WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* 6. IF INDIAN, ALLOTTEE OR TRIBE NAME S.J. 28-7 Unit S. FARM OR LEASE NAME S.J. 28-7 Unit S. F | ום | EPARTMENT OF THE INTERIOR | SF 079289 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
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| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT | | | |
| FRACTURE TREAT SHOOT OR ACIDIZE CNOTE: Report results of multiple completion or zone change on Form 9-330.) SHOOT OR ACIDIZE CHANGE ZONES SHOOT 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.)* S-10-79: PBTD 5844'. Tested csg. to 3500#, OK. Perfed Upper and Lower P.L. 5389,5395,5401,5407,5413,5419,5425,5446,5454,5462,5470,5478,5491, 5509,5522,5530,5538,5546,5578,5597,5608,5644,5655,5724,5732,5745, 5784,5796' w/1 SPZ. Fraced w/97,000# 20/40 sand and 190,000 ga1. water. Flushed w/7300 ga1. water. Perfed C.H; and Men. 4869, 4875,4881,4917,4922,4974,4981,5004,5010,5060,\$119,5126,5132,5142, 5186,5274,5323' w/1 SPZ. Fraced w/54,000# 20/40 sand and 108,000 ga1. water. Flushed w/7000 ga1. water. Subsurface Safety Valve: Manu. and Type (This space for Federal or State office use) (This space for Federal or State office use) OHTEL THE DATE OHTEL THE DATE APPROVAL IF ANY: DATE OHTEL THE DATE OHT | REQUEST FOR AF | PPROVAL TO: SUBSEQUENT REPORT OF: | 6479' G.L. |
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*See Instructions on Reverse Side