

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
DEPCO, Inc.
3. ADDRESS OF OPERATOR
1000 Petroleum Building - Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL, 990' FWL (NW/4 NW/4)
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: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Request For Indefinite Extension of SI Status

5. LEASE
SF078895
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
--
7. UNIT AGREEMENT NAME
--
8. FARM OR LEASE NAME
Mudge "A"
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
West Kutz, P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T27N-R11W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
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15. ELEVATIONS (SHOW DF, KDB, AND WD)
6053' GR

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

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.)*

It is requested that the current temporary shut-in classification for the subject well, due to expire 11-10-84, be extended for an indefinite period due to the absence of a gas market. Please refer to the attached correspondence dated 7-25-84 from GCNM for specific details.

RECEIVED

AUG 14 1984

OIL CON. DIV.
DIST. 3

This Approval or Temporary
Abandonment Expires 11-10-85

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

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

SIGNED W. S. [Signature] TITLE Prod. Supt. - So. DATE July 30, 1984
Rockies

(This space for Federal or State office use)

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

APPROVED
AS AMENDED
AUG 10 1984
J. MILLERBACH
AREA MANAGER