

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

Jay J. Harris

3. ADDRESS OF OPERATOR

801 Ridgcrest Dr. S.E. Albu. NM 87108

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

16505-16501E

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

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RECEIVED
FEB 23 1983
OIL CON. DIV.
DIST. 3

5. LEASE Santa Fe-079508

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

No. 1 Cole

9. WELL NO. 1

10. FIELD OR WILDCAT NAME

Fulcher - Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA OF Sec. 35 T28N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

14. API NO.

No API No. Assigned

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

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.)

1. Have Halliburton blow out with Nitrogen any water that may have accumulated.
2. Pull 1" tubing and run 2 7/8" tubing and clean out to TD.
3. Set Retrivable Packer within 100' of bottom of casing.
4. Move in Swabbing Unit an swab well until all fluid is removed until well is making enough gas to clean itself.
5. We may have to move swabbing unit in and out several times as we believe the water will come back very slowly. Attached letter gives more details.

The above work will begin between April 15, 1983 and May 1, 1983.

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

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

SIGNED

Jay J. Harris

TITLE

Operator & owner

DATE

Feb 22, 1983

(This space for Federal or State office use)

APPROVED BY
CONDITION OF FEDERAL LEASE ANY

APPROVED

FEB 23 1983

JAMES F. SIA
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC