

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Serial #NM 0764
2. NAME OF OPERATOR Kingwood Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 100 Park Avenue Bldg., Oklahoma City, Oklahoma		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE NW, Sec. 31-28N-10W, 875' S of NL; 1810' E of WL		8. FARM OR LEASE NAME U.S.-Knauff "B"
14. PERMIT NO. No number		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5771' D.B.; 5757' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-28N-10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Repaired well as follows: Set tubing choke in tubing about 3 jts. off bottom with wire line. Rigged up unit. Blew well down, removed head and installed BOP. Ran 8 additional jts. of tubing. Found fillup at 6330'. Laid down 2 jts. of tubing. Started water down casing to kill well. Circulated and killed well. Came out of hole and removed tubing choke. Put on 4-3/4" bit and ran back in to top of fillup. Had 120' fillup. Drilled up shale to P.B.T.D., 6396', 56' below bottom perforation at 6340'. Came out of hole and put on Halliburton R-4 packer to be set in compression. Ran tubing, removed BOP and installed head. Pumped in 35 gals. of R-1400 corrosion inhibitor and displaced with 25 bbls. of water. Set packer at 6110'. Swabbed well down to top of packer and had show of gas. Released rig. Blew well, unloaded water and oil and shut well in. 24-hr. S.I.T.P., 1150#. Opened well into sales line. L.P., 580#. Selling approximately 222 MCF/D gas. Completed 3-4-68



RECEIVED

MAR 11 1968

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

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

SIGNED

Ben Spain

TITLE

Chief Clerk

DATE 3-6-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side