

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 1290, Farmington, NM 87499
- 
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 715 f/South; 925 f/West line  
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

- |   |                         |
|---|-------------------------|
| 5. LEASE<br>SF-080724-A                           |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME              |                         |
| 7. UNIT AGREEMENT NAME                            |                         |
| 8. FARM OR LEASE NAME<br>Zachry                   |                         |
| 9. WELL NO.<br>54                                 |                         |
| 10. FIELD OR WILDCAT NAME<br>Armenta Gallup       |                         |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  |                         |
| Sec. 12, T28N, R10W, NMPM                         |                         |
| 12. COUNTY OR PARISH<br>San Juan                  | 13. STATE<br>New Mexico |
| 14. API NO.                                       |                         |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>5812' GR |                         |

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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"/>

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(other) reseeding and painting

(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.)\*

On 9/13/83, reseeding was completed using BLM Seed Mix No. 2. The painting was completed using Green Federal Standard No. 595a-34127.

Pipeline and well pad.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *R. D. Martin* TITLE Area Operations Manager DATE 9/16/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

**\*See Instructions on Reverse Side**

SEP 27 1983

FARMINGTON RESOURCE AREA

BY G. S. 13