REQUEST FOR APPROVAL TO:

(other) reseeding and painting

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE

REPAIR WELL

CHANGE ZONES **ABANDON\*** 

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dunket Buteau Ho. 42-11424
5. LEASE SF-080724-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Zachry
9. WELL NO.
55
10. FIELD OR WILDCAT NAME
Armenta Ext. Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OF
Sec. 11, T28N, R10W, NMPM
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.

1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR Union Texas Petroleum Corporation 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Armenta Ext. Gallup
P.O. Box 1290, Farmington, NM 87499  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T28N, R10W, NMPM
AT SURFACE: 903 f/South; 2118 f/East line AT TOP PROD. INTERVAL: same as above AT TOTAL DEPTH: same as above	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

SEP 23 1983

5604' GR

DURCHD OF LAND MANAGEMENT Farming on Resource Area

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If vell is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

SUBSEQUENT REPORT OF:

On 9/13/83, reseeding was completed using BLM Seed Mix No. 2. The painting was completed using Brown Federal Standard No. 595a-30318. Pipeline and well pad.



CH CON. DIV. Set @ \_ Subsurface Safety Valve: Manu. and Type \_\_\_ 18. I hereby certify that the foregoing is true and correct Manager \_ DATE \_\_ 9/16/83 TITLE Area Operations SIGNED (This space for Federal o: State office use) DATE \_ TITLE . CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

SEP 27 1983

