

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.)

5. LEASE SF080724	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Zachry	
9. WELL NO. #8	
10. FIELD OR WILDCAT NAME Aztec Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33 T29N R10W	
12. COUNTY OR PARISH San Juan	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5628 GL	

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
Union Texas Petroleum Corp.

3. ADDRESS OF OPERATOR
P.O. Box 1290 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL & 990' FEL
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

RECEIVED

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

DEC 02 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON 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 well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MIRUSU. Pull tubing & clean out to TD.
2. If necessary, run & cement 3-1/2" casing from TD to surface & perforate P.C. interval. *10.3 lb./ft*
3. Fracture P.C. interval.
4. Land production tubing & resume production.

Subsurface Safety Valve: Manu. and Type

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

SIGNED W.K. Cooper TITLE Mgr. Dist. Engr. DATE 11-29-83

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**

NMOCC

9-83
APPROVED
AS AMENDED
1983
M. WIELENBACH
AREA MANAGER
Hod
Pete