Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 Depleted
2. NAME OF OPERATOR: Texas Eastern Developments,, Inc.
3. ADDRESS OF OPERATOR: P.O. Box 2521 Houston, Texas 77001
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 2280 FSL 731 FEL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:
5. LEASE: Indian Allotted #14-20-603-5036
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME:
9. WELL NO.: Shiprock I #10X
10. FIELD OR WILDCAT NAME: Shiprock-Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.17, T29 N, R 18 W.
12. COUNTY OR PARISH: San Juan
13. STATE: New Mexico
14. API NO.:
15. ELEVATIONS (SHOW DF, KDB, AND WD): 5786.61

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON* ~~Temporarily~~	☒ P&A	☐
(other)		

RECEIVED JAN 16 1987 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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

RECEIVED JAN 26 1987 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.)*

Well numerations in accordance with survey by San Juan Engineering Company, Inc. of December 1980 (was Shiprock NO PLAT).

WELL DATE

Spud 7/13/67 TD / / Hole Size 7 7/8 Csg 5 1/2 @ 7 cmt'd w/ 7 sx.

METHOD OF PLUGGING

REMOVE TUBING

Squeeze Gallup Sand (8 - 1) w/ 12 sx neat cmt, fill csg w/cmt to surface, set marker.

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

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

SIGNED H. N. Hinds TITLE Prod. Supt. DATE

M. N. Hinds

(This space for Federal or State office use)

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

APPROVED
JAN 28 1987
For AREA MANAGER
FARMINGTON RESOURCE AREA

RECEIVED FEB 04 1987 OIL CON. DIV. DIST. 3

*See Instructions on Reverse Side

NMOCC