

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
Texas Eastern Developments Inc.

3. ADDRESS OF OPERATOR
P.O. Box 2521 Houston, Texas 77001(1HC 291

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2010 F/SL and 2175 F/EL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

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.
53 Shiprock 17 & G
10. FIELD OR WILDCAT NAME
Shiprock-Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sect. 17, T29N, R 18W
12. COUNTY OR PARISH San Juan
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5208.78

(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.)*

Proposed to pull tubing and cement casing from TD to surface.

(This Information has been requested by USGS, and we have no other knowledge or records on this well)



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

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

SIGNED John H. Langley TITLE Field Tech. DATE 10/16/81

(This space for Federal or State office use)

APPROVED BY Dean Elliott TITLE ACTING SUPERVISOR DATE OCT 23 1981
CONDITIONS OF APPROVAL, IF ANY:

ah 7

*See Instructions on Reverse Side

NMOCC