

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

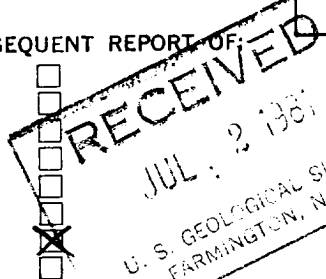
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☒ well ☐ other
2. NAME OF OPERATOR
W. M. GALLAWAY
3. ADDRESS OF OPERATOR 101-2 Petroleum Plaza Bldg.
Farmington, N. M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FSL, 790' FEL
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:

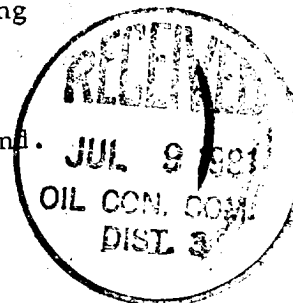


5. LEASE
SF 047020 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
U.S.
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Delo
9. WELL NO.
11
10. FIELD OR WILDCAT NAME
Fulcher Kutz P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T29N, R11W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
30-045-22639-00
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5616' GR

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.)*

Squeezed off old perforations from 1786' - 1796' with 75 sacks of cement. Let set overnight, tagged cement @ 1680' next morning and pressure tested to 1000# for 10 min. No loss in pressure. Work performed on 6-23-1981. Will re-complete in Farmington Sand.



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

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

SIGNED W. M. Gallaway TITLE Operator DATE 6-29-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

NMOCC

JUL 8 1981

FARMINGTON DISTRICT

*See Instructions on Reverse Side

BY