**PULL OR ALTER CASING** MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other)

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

Dec. 1973	budget bureau No. 42-R1424 /
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 03717-A 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	<u> </u>
SUNDRY NOTICES AND REPORTS ON WEL (Do not use this form for proposals to drill or to deepen or plug back to a dreservoir, Use Form 9–331–C for such proposals.)	different
reservoir. Use Form 9-331-C for such proposals.)	=
1. oil gas 🖂	JONES SESS SES
well well other	9. WELL NO. 5 2 2 2
2. NAME OF OPERATOR	3 5719 971
H. L. HARVEY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	BLOOMFIELD FARMINGTON-AZTEC FRUITLAND
3002 Plaza Blanca, Santa Fe, NM 87501	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See spa	13-T29N-R11W
AT SURFACE: 890'/N & 1670'/E	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: SAME	SAN JUAN NEW MEXICO
AT TOTAL DEPTH: SAME	14. API NO. 3. 3. 3. 5. 5.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NO	OTICE,
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5728 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT (	OF:
TEST WATER SHUT-OFF	
FRACTURE TREAT	PACENED III
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.
MULTIPLE COMPLETE	

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.)\*

Ran 41" Retrievable Bridge Plug and set at 1700'. Pressure tested to 2000 psi, held OK. Perforated Farmington sand from 1078' to 1085' with 2 JSPF. Acidized perfs with 250 gal. 15% HCl. Fractured perfs with 17,000 gal. 70 Quality Foam at 12 BPM and 1250 psi. Flowed well back to clean up and shut-in for AOF test. Job complete 03/09/80. agos n of m i whels golv i whels golv 11:5

INCOEPTED FOR RECORD

Subsurface Safety Valve: Manu. and Type

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

SIGNED

AGENT

DATE

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1980 April

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

\*See Instructions on Reverse Side