

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
H. L. HARVEY

3. ADDRESS OF OPERATOR
137 Rio Vista Dr, Santa Fe, NM 87501

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 890'/N and 1670'/E
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 ☐	☒
FRACTURE TREAT ☐	☐
SHOOT OR ACIDIZE ☐	☐
REPAIR WELL ☐	☐
PULL OR ALTER CASING ☐	☐
MULTIPLE COMPLETE ☐	☐
CHANGE ZONES ☐	☐
ABANDON* ☐	☐
(other) ☐	☐

5. LEASE NM 03717-1	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME JONES	
9. WELL NO. 3	
10. FIELD OR WILDCAT NAME AZTEC FRUITLAND	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 13 T.29N-R1W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DEPTH, KDB, AND WD) 5728 GL	

(NOTE: Report results of multiple completions or zone change on Form 9-331-C)

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.)*

Drilled 6 1/4" hole to 1950'. Ran IES & FDC/CNL open hole to 1950'. Ran 6 1/2" 10.5# casing and landed at 1942'. Cemented with 150 with 12% gel followed by 225 sk class "B" + 2% CaCl₂. PM 11/3/79. Circulated 40 sks. cement. Shut well in to

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED John Alexander TITLE AGENT DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side