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

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

5. LEASE
NM 03717-A

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-T29N-R11W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5728 GL

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)			

RECEIVED
JAN 18 1980
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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.)*

Moved in swab unit and swabbed well dry. Perforated Fruitland interval 1818'-1823' with 2 shots/ft. Acidized zone with 500 gal 15% HCL acid. Fractured Fruitland with 15,000 gal 70% foam and 13000# 10-20 sand. Open well to atmosphere and tested at 40 MCFD. Well now shut in, waiting completion of Farmington sand. Job complete 12/03/79.

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED John Alexander TITLE AGENT DATE January 16, 1980
JOHN ALEXANDER

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JAN 25 1980
FARMINGTON DISTRICT
BY _____