

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

Manana Gas, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 145, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1820'FNL 730'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:

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5. LEASE

NM013885

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Maxey

9. WELL NO.

1 J

10. FIELD OR WILDCAT NAME

Fulcher Kutz-Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

H-24-29N-12W

12. COUNTY OR PARISH 13. STATE

San Juan

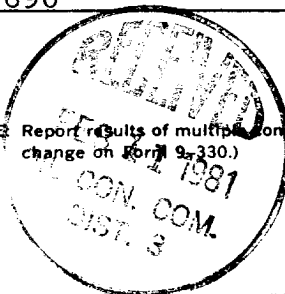
New Mexico

14. API NO.

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

5690

(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.)*

Ran corelation log.

Perforated @ 1759, 61, 63, 65, 68, 70, 73, 77, 79, 83, 88, 91, and 1824' (13 holes)

San water fractured w/61,000 gallons slick water and 68,000# 20-40 sand.

Ran 1 1/4" EUE tubing to 1788'.

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

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

SIGNED AP Hendrick TITLE Vice President DATE February 6, 1981

(This space for Federal or State office use)

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

NMOC

*See Instructions on Reverse Side