1. oil

well

Form Approved. - Budget Bureau No. 42-R1424

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

. LEASE	. ' ,		, ,			
SF 081078	7"	2:	:			
IF INDIAN ALLOTTEE OR TRIBE NAME						

CHINDDA	NOTICES	ΔND	REPORTS	ΩN	WELL	S

7. UNIT AGREEMENT NAME					
8.	FARM OR LEASE NAME				

(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.)

other

Albright

9. WELL NO.

7-E

AREA

2. NAME OF OPERATOR

X

Union Texas Petroleum Corporation

10. FIELD OR WILDCAT NAME

3. ADDRESS OF OPERATOR

gas

well

Basin Dakota - Blanco Mesaverde 11. SEC., T., R., M., OR BLK. AND SURVEY OR

P.O. Box 808, Farmington, New Mexico 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

Sec. 22, T29N, R10W, N.M.P.M.

AT SURFACE: 790 ft./S; 790 ft./E Line AT TOP PROD. INTERVAL: Same as above

12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.

AT TOTAL DEPTH: Same as above

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5625 R.K.B.

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) Cement Bond Log - Cement

SUBSEQUENT REPORT OF:

(NOTE: Report regults of multiple completion or zone change on Form 9-330.)

OCT 04 1982

U. S. GEOLOGICAL SURVEY

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.)\*

9/24/82 - MOL & RU completion rig and clean out to 6528'. 1.

9/25/82 - Blue Jet ran CBL-VDL with Collar log from 6510' to 240'. 2.

9/30/82 - Blue Jet has rendered an opinion that cement is behind pipe 3. from 500' to 2600'.

Attached is a letter indicating same.

Subsurface Safety Valve: Manu. and Type \_\_\_\_

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

TITLE Area Manager

\_\_ DATE October 4,

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

\_\_ DATE .

AGGEPTED FOR RECORD

\*See Instructions on Reverse Side

007 5 1982

FARMINCTS.

\_ TITLE \_\_