

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
Union Texas Petroleum Corporation
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1815' FSL & 1842' FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
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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MAY 14 1983

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

5. LEASE
SF 080724-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Zachry
9. WELL NO.
33
10. FIELD OR WILDCAT NAME
Armenta Gallup Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T29N, R10W, N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5779' K.B.

(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.)*

5-18-83 Pulled rods and tubing. Re-perf'd Middle Gallup, (5727'-51') (5764'-94'), and (5798'-5834') with 4 SPF and stress frac'd w/2-1/2" Stress Frac tools. Cleaned out to T.D. Ran tubing, pump, and rods.

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OIL CON. DIV.
DIST. 3

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

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

SIGNED W.K. Cooper TITLE Field Oper. Mgr. DATE May 18, 1983

(This space for Federal or State office use)

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

MAY 25 1983

*See Instructions on Reverse Side

CV AK

NMOCC