Form 9-331 Dec. 1973

oil

well

2. NAME OF OPERATOR

AT SURFACE:

FRACTURE TREAT

ABANDON*

SHCOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

1 File 1 Pioneer 5 BLM, Fmn

Form Approved.

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.)

other

P O Box 208, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

990' FSL - 1650' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

IXX

PIONEER PRODUCTION CORP.

well

5. LEASE SF 075587 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	
Reid "C"	
9. WELL NO.	
]	
10. FIELD OR WILDCAT NAME	
Otero Chacra	
11. SEC., T., R., M., OR BLK. AND SURVEY AREA	OR
Sec. 13, T29N, R12W, NMPM	_
12. COUNTY OR PARISH 13. STATE	
San Juan NM	
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND	WD)
5616' GL; 5628' RKB	

APR 18 1989 E: Report results of multiple completion or zone

□ XX Spud and surface casing (other) 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.)*

SUBSEQUENT REPORT OF:

Spudded 12½" hole at 9:30 a.m., 4-16-84. Drilled to 240'. 4-17-84 Ran 5 jts. 8-5/8" O.D., 24#, 8 rd, ST&C casing. T.E. 220.61' set at 232' RKB. Cemented with 135 sx class "B" plus 2% CaCl₂. (159 cf). P.O.B. at 4:30 p.m., 4-16-84. Circulated 1 bbl. good cement. W.O.C. 111 hrs; pressure tested to 800 psi for 30 min. Held OK.

RECEIVED

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

OIL CON DIV.

ubsurface Safety Valve: Manu. and	Туре			DIST. 3	Ft.	
a Thereby certify that the foregoin	g is true and correct					
and I de	TITLE Agent		ATE	4-17-84		-
IGNED 22 1 Jim/L. J	(This space for Federal or	State office use)		ACCEPTED	FOR RECO	RD
PPROVED BY	TITLE		DATE	APR	1 9 1984	

FARWINGTON RESOURCE AREA Smm

*See Instru-NMOCCS Side