REPAIR WELL

CHANGE ZONES ABANDON\*

(other)

Form Approved

## UNITED STATES DEPARTMENT OF THE INTER GEOLOGICAL SURVEY

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE

O THIS THIS OF

Form 9–331 Dec. 1973	Budget Bureau No. 42-R1424		
UNITED STATES	5. LEASE		
DEPARTMENT OF THE INTERIOR	NM-09867-A		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME N/A		
1. oil gas M	8. FARM OR LEASE NAME Butte		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	1-E		
Ladd Petroleum Corporation  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota		
P.O. Box 208, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA - Sec. 18 T30N R13W		
AT SURFACE: 600' FSL - 612' FWL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan NM		
	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5803' GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF   RECEIV	ED / 2 = 3		

change on F

JUL 19 1982NOTE: Report result

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.)\*

Change of plan

FARMINGTON, N. M.

1. The proposed size of hole changed from 13-3/4" to 12-1/4" for the 8-5/8" casing.

2. The proposed setting depth/ changed from 950' to 300' for the 8-5/8" casing.

Subsurface Safety Valve: Manu and Type			Set @	Ft.
18. I hereby certify that the foregoing is t SIGNED Thomas A. Dugan	rue and correct TITLE Petroleum Engineer	DATE	7-15-82	
	(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	_ DATE	ASSEPTED FOR REC	020

\*See Instructions on Reverse Side

FARME COLUMNS