

November 1983.
Form 100-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

STENCIL IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Technigas Incorporated

3. ADDRESS OF OPERATOR

750 Bering, Suite 502, Houston, Texas, 77057

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

SW 1/4, Sec. 29, T-32N, R-4W,

1525' FSL and 1540' FWL

JUL 19 1984 JUL 6 1984

14. PERMIT NO.

15. ELEVATION (OFF LAND SURFACE) AND MANAGEMENT

BUREAU OF LAND MANAGEMENT
7268 NGON RESQUINING RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.

NM-28277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N.A.

7. UNIT AGREEMENT NAME

N.A.

8. FARM OR LEASE NAME

N.A.

9. WELL NO.

Arboles-9

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 29, T-32N, R-4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETION

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANT

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

A waiver is requested relating to initial production tests not to exceed a period of 30 days or the production of 50 MMCF of gas for the following reasons:

Subject well was completed open hole in the Fruitland Coal Section from 3992' to 4080' and tested for 2 hours on a 3/16" choke and subsequently shut-in awaiting further testing. As this well is producing methane from coal, considerable initial producing problems are expected due to water flow and coal fines. Consequently, to fully evaluate this well prior to given consideration for construction of the necessary gathering system and pipeline an initial production test period in excess of 30 days will be required.

RECEIVED
JUL 23 1984
OIL CON. DIV.
DIST. 3

10/1/1984/84

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

SIGNED

[Signature]

TITLE

President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

7/2/84

APPROVED

DATE

JUL 2 1984

NMOCC

*See Instructions on Reverse Side

/s/ J. Stan McKee

AREA MANAGER

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 ~~well proposals~~.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Frontier Energy Corporation
3. ADDRESS OF OPERATOR
750 Bering Suite 502, Houston, Texas 77057
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) SW $\frac{1}{4}$, Sec. 29, T-32N, R-4W
AT SURFACE:
AT TOP PROD. INTERVAL: 1525' FSL
AT TOTAL DEPTH: 1540 FWL

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) CHANGE WELL NAME

SUBSEQUENT REPORT OF:

☐
☐
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RECEIVED

OCT 4 1984

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

5. LEASE
NM-28277
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
-
9. WELL NO.
Arboles 29A #1
10. FIELD OR WILDCAT NAME
Wildcat Fr.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-32N, R-4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7263' GR

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.)*

The Arboles ^{#9}29A, well name is hereby requested to be changed to the Arboles 29A1.

Change of Operator from Technigas, Inc.

RECEIVED

OCT 04 1984

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 [Signature] TITLE Vice-President Operations DATE ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 03 1984
CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC