

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: *835 ft./N; 1815 ft./W line*

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* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) *Change name from Taliaferro No. 2-F to Taliaferro No. 8*

5. LEASE

SF 078244

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Taliaferro

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Flora Vista Gallup

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

Sec. 31, T-31N, R-12W, N.M.F.M.

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6010 RKB

(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.)*

This well was originally a Mesaverde/Dakota dual and has been recompleted to the Gallup zone.

In order to comply with State naming conventions we request to rename the well Taliaferro No. 8.

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 *March 24, 1983*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

DATE _____

MAR 30 1983

*See Instructions on Reverse Side

NMOCC