

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  
Producing Royalties, Inc.

3. ADDRESS OF OPERATOR 87410  
c/o A. R. Kendrick, Box 516, Aztec, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1320' FSL, 1320' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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:

RECEIVED  
SEP 25 1981  
OIL CON. COM.  
DIST. 3

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

5. LEASE  
SF 065557

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Carroll Cornell

9. WELL NO.  
6

10. FIELD OR WILDCAT NAME  
Fulcher Kutz-Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
I-12-29N-12W

12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico

14. API NO.

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

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.)\*

Pull 1" tubing; clean out to 1885' (T.D.); and run new 1" tubing to 1800'  $\pm$ .



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED AR Kendrick TITLE Agent DATE September 22, 1981

(This space for Federal or State office use)

APPROVED BY (Or: S.L.) RATON W. VINTARD TITLE Acting District DATE SEP 24 1981  
CONDITIONS OF APPROVAL, IF ANY: O & B supervision