

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 ☒ Gas - Oil Well
Dual Completion
2. NAME OF OPERATOR
Union Texas Petroleum Corporation
3. ADDRESS OF OPERATOR
PO Box 808, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 ft/North & 990 ft/West 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* ☐

(other) change name of Operator

SUBSEQUENT REPORT OF:

RECEIVED

NOV 04 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
Contract 418
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla "L"
9. WELL NO.
4-E
10. FIELD OR WILDCAT NAME
Basin Dakota - Otero Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-24N, R-5W, N.M.P.M.
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6599 D.F.

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.)*

Change name of operator from Union Texas Exploration Corporation to Union Texas Petroleum Corporation.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE 11-2-82

Kenneth E. Roddy

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC