

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

DEPCO, Inc.

3. ADDRESS OF OPERATOR

1000 Petroleum Bldg--Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1120' FNL, 1525' FEL (NW $\frac{1}{4}$ NE $\frac{1}{4}$)

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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 ☐

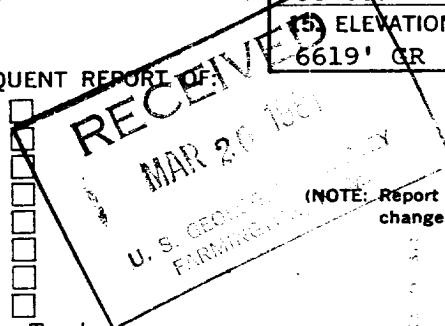
CHANGE ZONES ☐

ABANDON* ☐

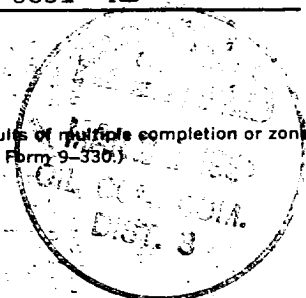
(other) Single Point Back Pressure Test

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐



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



5. LEASE

SF079162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

--

7. UNIT AGREEMENT NAME

--

8. FARM OR LEASE NAME

Burns Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Blanco MesaVerde

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

Sec. 5-T26N-R7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

30-039-22392

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

6619' GR

6631' KB

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.)*

2-27-81 Mesaverde 7D SITP - 998 psig. Back pressure test 2" x 3/4" x 3 hr, FTP 26 psig, Q - 472 MCF/D, AOF - 477 MCF/D.

3-06-81 Chacra 7D SITP - 1004 psig, SICP 1004 psig. Back pressure test 2" x 3/4" x 3 hr, FTP - 54 psig, FCP - 501 psig, Q - 818 MCF/D, AOF - 1020 MCF/D.

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

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

SIGNED [Signature] Prod. Supt. - Sp. DATE 3/13/81
Rockies

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD
MAR 23 1981
FARMINGTON DISTRICT
BY [Signature]

*See Instructions on Reverse Side

NMOC