Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 (NW¼ NE¼)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
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			

RECEIVED
MAR 20 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, NEW MEXICO

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

OIL CON. COM.
DIST. 3

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. - So. Rockies DATE 3/13/81

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side

NMOCC