

**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/4 NE/4)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
SF079162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Burns Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Otero Chacra/Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5-T26N-R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.
30-039-22392

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6619' GR

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Proposed packer repair	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

A recently conducted packer leakage test indicates communication between the Chacra and Mesaverde producing zones in this well.

It is proposed to pull and replace the packer and return these zones to a segregated producing status.

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

18. I hereby certify that the foregoing is true and correct
 SIGNED W. J. Deveraux Prod. Supt. - So. DATE October 17, 1984
 Rocklès

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 20 1984

*See Instructions on Reverse Side

NMCCO

FARMINGTON RESOURCE AREA
 BY ESD