

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 ☒ gas ☐ other ☐  
well well
2. NAME OF OPERATOR  
HAN-SAN INC.
3. ADDRESS OF OPERATOR  
BOX 255 DEMING N.M. 88031
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1950 PSL 510 FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: SAME
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 checked="" 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)              | <input type="checkbox"/>            | <input type="checkbox"/> |

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.)\*

Worked as weather permitted. Pulled pump and swabed 3 days, 9 bbls a day  
Pulled tubing and cleaned sludge out of mudanchor. Ran tubing back in  
hole and set pump. Pumped 16 hrs. and pump froze up. Pulled rods, pump &  
tubing. Mudanchor was full of sludge. Repaired pump. Ran tubing in hole  
and swabbed 3 days, 16 bbls a day. Pulled tubing and cleaned mudanchor.  
Sandpumped through a bridge and ran tubing and rods back in hole.  
Set pump 15 ft. higher and pumped 5 days @ 12 bbls a day to clean formation.  
Plan to pull pump and tubing and clean hole again and lower pump.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Jim Harrod TITLE Rep DATE 6-6-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE N.M. 12497	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME TRAN- FEDERAL	
8. FARM OR LEASE NAME TRAN Federal	
9. WELL NO. <del>22N</del> #1R	
10. FIELD OR WILDCAT NAME PUERTO CHICUITO EAST Mudro	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-21 T-26N R-1E	
12. COUNTY OR PARISH RIO ARRIBA	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7453 Gr.	

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

RECEIVED

JUN 14 1984

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED  
JUN 25 1984

OIL CON. DIV.  
DIST. 3  
6-6-84

ACCEPTED FOR RECORD

JUN 21 1984

FARMINGTON RESOURCE AREA  
BY 843

\*See Instructions on Reverse Side

NMOC