

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 ☐

2. NAME OF OPERATOR
La Plata Gathering System, Inc.

3. ADDRESS OF OPERATOR
c/o A. R. Kendrick, Box 516, Aztec, NM 87410

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1450' FNL 1450' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

SEP 23 1985

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

Ran sinker bar to find top of cement inside casing. Found wiper plug @ 2264'.

9/12/85 Rigged up completion unit and drilled plug @ 2264'. No cement above float collar @ 2381'. Drilled float - no cement.

9/14/85 Ran Cement Bond Log and Thermal Neutron Decay Time Log. Found good bond 2392' to above Ojo Alamo formation.

9/18/85 Set Baker Bridge Plug @ 2362'.
Perforated 2196, 2199, 2202, 2205, 2208, 2211, 2214, 2217, 2223, 2227, 2234, 2238, 2245, 2256, 2259, 2265, 2268, 2271, 2274, 2282'.
Acidized with 600 agllons 15% HCl. Breakdown @ 1800 psi.

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

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

SIGNED A R Kendrick TITLE Agent DATE September 20, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE OCT 02 1985

OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side

NMOCC