

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
Southern Union Exploration
3. ADDRESS OF OPERATOR
PO Box 2179, Farmington, New Mexico 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL
AT TOP PROD. INTERVAL: same
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:

☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
NM 31311

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Champlin Federal

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Lower Bisti Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11- T25N- R13W, NMPM

12. COUNTY OR PARISH | 13. STATE
San Juan Co. | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6293'

RECEIVED

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

SEP 13 1983
OIL CON. DIV.
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.)*

9-9-83: RIH w/ 4 3/4" bit & 5 1/2" csg scraper. Drilled cement stage collar @ 3939'. Cleaned out to F.C. & PBTD @ 5004'. Ran CBL-VDL-GR and Thermal Neutron. CBL showed cement top @ 1980'.

9-10-83: Ran 154 jts 2 3/8" EUE 8-rnd tbg w/ Baker lok set packer & 10' Vann Tbg Gunn. Set pkr @ 4820'. Perforated 4896'- 4906' with 20 shots. Recovered no fluid.

9-12-83: Acidized perms 4896'- 4906' w/ 1000 gal. 15% HCl acid w/ 500 SCF/bbl N₂. Flowed load back. Recover no oil. 3 swab runs rec. no oil or fluid.

9-13-83: Planning further stimulation.

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

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

SIGNED [Signature] TITLE Drlg & Prod Supervisor DATE September 13, 1983

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 26 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY Sm