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
   Turner Production Company

3. ADDRESS OF OPERATOR 4925 Greenville Avenue
   852 One Energy Square, Dallas, Texas 75206

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 790' FNL 1850' FWL Sec. 26
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE
   NM-0111-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Quantius

9. WELL NO.   4

10. FIELD OR WILDCAT NAME
    South Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    C-26-26N-7W

12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6890 GR, 6900 DF

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) _____   X

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FARMINGTON RESOURCE AREA

(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.)*

Effective November 1, 1986, Turner Production Company will assume operation from the El Paso Natural Gas Company, Box 1492, El Paso, Texas 79978.

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

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

SIGNED _____ TITLE __Agent__ DATE __October 6, 1986__

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC