well

2. NAME OF OPERATOR

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

REPAIR WELL

ABANDON*

(other)

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 differe reservoir, Use Form 9-331-C for such proposals.)

other

gas

well

X

	Budget bureau no +2-n14 th					
	5. LEASE NM-0111-A					
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
nt	7. UNIT AGREEMENT NAME					
	8. FARM OR LEASE NAME TURNER					
	9. WELL NO. #1					
	10. FIELD OR WILDCAT NAME					
	So. Blanco Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OF					
7	AREA Sec. 22-T26N-R7W					
	12. COUNTY OR PARISH 13. STATE Rio Arriba N.M					
	14 API NO					

CURTIS J. LITTLE P. O. Box 2487 3. ADDRESS OF OPERATOR <u>8</u>7401 Farmington NM_ 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 2000 FWL 1800'FSL AT SURFACE: 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: SUBSECUENT REPORT OF:

spud & surface casing

(NOTE: Repor results of multiple completion or one change on Form 9–330.)

U. S. GEOLOGICAL SURVEY.
FARMINGTON, N. M.

15. ELEVATIONS (SHOW DF, KDB, AND V/D)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent detes, 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.)*

SPUD well @ **1**:00 PM on 4-22-82. DRLD 9-7/8" hole to 140'. RAN 6 JTS 7" 23# K55 casing measuring 132'7" and set @ 132'GR. Cemented w/60 sx Class B neat w/2% CaCl. Cement circulated to surface. P.D. @ 7:30 PM 4-22-82. 7:30 AM 4-23-82 Pressure tested to 600 psi. Held O.K.

a control of the Value Marry and Type		n/a		Set @	Ft.
Subsurface Safety Valve: Manu. and Type					_ ,,,,,,
18. I hereby certify that the fategoing is true	e and correct			r 0.00	
SIGNED Kellledy	TITLE	Agent	DATE	5-3-82	
	This space for F	ederal or State office	use)		
APPROVED BY	TITLE	The state of the s	DATE _		_ —
CONDITIONS OF AFRICAGE IT AND				104 5 7155 665 110	0 10
	*See Instruc	cone on Reverse Side	,	· / 5 580	