

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  
Sanan, Ltd.
3. ADDRESS OF OPERATOR  
P.O. Box 255, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1450' fsl, 1190' 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:

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  
SF-030008
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A
7. UNIT AGREEMENT NAME  
N/A
8. FARM OR LEASE NAME  
Crab
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
WAW Fruitland - P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S8-T2GN-R12W, N.M.P.M.
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.  
30-045-23246
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5996 Gr.

(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.)\*

3/15/79 - Rigged up swabbing unit, ran cement bond log with gamma ray and collar locator to TD of 1232. Perforated 1180' to 1188' with one shot per ft. with 2 1/8" glass jets. Swabbed dry.

8/16/79 - Acidized perms with 500 gal. 15% hydrochloric acid. Formation break down at 1625#. Treated at 500 to 750#. Flushed with 7 bbls. water. Swabbed back water and acid for 5 hrs. Shut in well for testing.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. R. Speer TITLE Agent DATE August 18, 1979

(This space for Federal or State office use)

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

Tymac