| DEPARTMENT OF THE INTERIOR | CE 070624 A | |
|--|---|--|
| | SF_079634_A | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different | 7. UNIT AGREEMENT NAME | |
| reservoir. Use Form 9-331-C for such proposals.) | 8. FARM OR LEASE NAME | |
| 1. oil gas ru | McClanahan "A" | |
| well well other | 9. WELL NO. | |
| 2. NAME OF OPERATOR | | |
| Union Texas Petroleum Corporation 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Kutz Pictured Cliffs | |
| P.O. Box 1290 , Farmington, New Mexico 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990' FSL; 990' FWL AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T28N-R10W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO. | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5811' G.L. | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 3011 4.1. | |
| TEST WATER SHUT-OFF | 3 (NOTE: Report results of multiple completion one charge on Form 9-330.) | |

- 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.)*
 - MIRUSU. Pull tubing and clean out to TD.
 - 2. If necessary, run and cement 3-1/2" casing from TD to surface and perforate P.C. interval.
 - 3. Fracture P.C. interval.
 - Land production tubing and resume production.

| Subsurface Safety Valve: Manu. and Type | | Set @ F | t. |
|--|--|------------------|----|
| 18. I hereby certify that the foregoing is t | rue and correct Field Operations Mgr | October 24, 1983 | - |
| | (This space for Federal or State office use) | | _ |
| APPROVED BY | TITLE | DATE APPROVED | _ |
| CONDITIONS OF APPROVAL, IF ANY: | | AS AMENDED | |
| The Completion & when operations are co | (eport (Torm 9-330) | | |
| The Mark No. | au hel tol. | NOV-1 0 1983 . | |
| when operations as | *See Instructions on Reverse Side | And fell | |
| • | | M. MILLENBACH | |
| n s | NNOS II. | AREA MANAGER | |
| ℓ * = | | | |