

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 Depleted

2. NAME OF OPERATOR
Texas Eastern Developments, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 2521 Houston, Texas 77001

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1734 FSL 2356 FEL
AT TOP PROD. INTERVAL
AT TOTAL DEPTH:

5. 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 Temporary P&A
- (other)

SUBSEQUENT REPORT OF:

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-
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-
-
-
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-
-
-

6. LEASE
Indian Allotted #14-20-603-5036

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Shiprock 17 J 3X

10. FIELD OR WILDCAT NAME
Shiprock-Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T29 N, R 18 W.

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5214.33

RECEIVED
JAN 16 1987

RECEIVED
JAN 26 1987

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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FARMINGTON RESOURCE AREA

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.)

Well numerations in accordance with survey by San Juan Engineering Company, Inc. of December 1980 (was Shiprock 17 J 3X).

WELL DATE

Spud 7/21/67 TD 74' Hole Size 7 7/8" Csg 5 1/2" @ 66' cmt'd w/ 6 sx.

METHOD OF PLUGGING

PULL TUBING

Squeeze Gallup Sand (66' - 72') w/ 12 sx neat cmt, fill 5 1/2" csg w/cmt to surface, set marker.

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

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

SIGNED H. N. Hinds TITLE Drlg. Supt. DATE _____
M. N. Hinds

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JAN 27 1987

CONDITIONS OF APPROVAL IF ANY.

APPROVED
FARMINGTON RESOURCE AREA

RECEIVED
FEB 04 1987
OIL CON. DIV.
DIST. 3
NMOCC

*See instructions on reverse side