

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

Pioneer Production Corp.

3. ADDRESS OF OPERATOR

Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FSL - 1850' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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 ☐

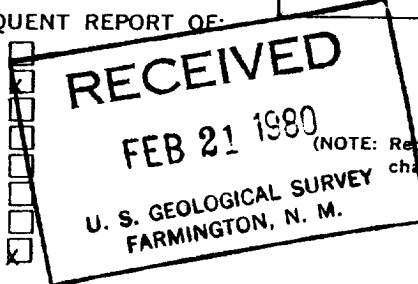
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) tbg

SUBSEQUENT REPORT OF:



5. LEASE SF 075587

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Reid

9. WELL NO. #1E

10. FIELD OR WILDCAT NAME Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 13 T29N R12W

12. COUNTY OR PARISH San Juan

13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5584' GL

(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.)*

2-14-80 Fraced well using the following: 105,000 gal fluid, 212,500# 20-40 sand, flushed w/100 bbl of KCL water (1%). All frac fluid contained 1% KCl, 1/2 gal/100gal adocide, 1 gal/1000 gal aquaflo and 2% light hydrocarbon phase by volume (diesel fuel).

TP: Min 2150#, Ave 2250#, Max 2600#

IJ: Min 27 B/M Ave 30 B/M Max 33 B/M ISDP 2100 psi SI 1550 after 15 min.
HHP: 1654.

2-15-80 Ran 193 jts IJ and EUE 2.33 and 2.4# tbg. TE 6202.36' set 6212' KB. Nipped down BOP and installed wellhead.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Thomas A. Dugan

TITLE Agent

DATE

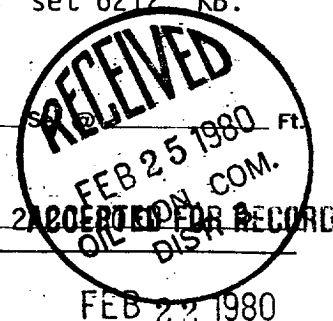
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



FARMINGTON DISTRICT

BY M. L. Kuchera