

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
Oxoco Production Corp.

3. ADDRESS OF OPERATOR
Box 255, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2050 ft. fsl, 430 ft. fe1
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

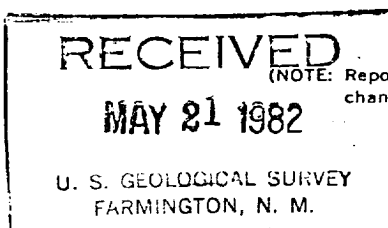
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

☒
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☐
☐
☐
☐
☐
☐
☐



5. LEASE
NM-33053

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Trail Canyon

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Blanco MV - Basin DK

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S7-T32N-R8W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-24622

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6695' Gr.



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.)*

Spud well at 10:30 p.m. May 19, 1982.
Drilled 13 3/4" hole to 335 ft. Ran 7 jts. 10 3/4", 32.75 lb., H-40, ST&C casing (309.10') landed at 323 ft. Cemented with 265 sacks (312.7 cu. ft.) Class B cement, 2% CaCl. Plug down to 304' at 8:30 a.m., May 20, 1982. Good circulation throughout cementing, circulated 20 sacks to surface. Ran two centralizers on 10 3/4" casing on first and third joints. W.O.C. 12 hrs. Nipped up BOP's and tested to 1000 psi, held O.K. Drilled out 9 7/8" hole at 8:30 p.m., May 20, 1982.

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

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

SIGNED Wm R. Speer TITLE Agent DATE May 21, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 25 1982

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY Sm

NMOCC