

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
Turner Production Company

3. ADDRESS OF OPERATOR
c/o A. R. Kendrick, Box 516, Aztec, NM 87410

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

AT SURFACE: 890' FNL 1850' FWL Sec. 15
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) Extend time for APD

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-

RECEIVED

NOV 28 1986

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF-078201-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Riddle

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Blanco Fruitland ext, Blanco P.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
C-15-T30N-R9W

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

14. API NO.
30-045-26649

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6402 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.)*

Due to the economic situation at this time we request an extension of one year for our permit to drill, from January 3, 1987 to January 3, 1988.

This Approval Expires July 3, 1987

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

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

SIGNED A.R. Kendrick TITLE Agent

DATE Nov 28 1986

(This space for Federal or State office use)

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

APPROVED AS AMENDED

DEC 04 1986

DEC 08 1986

OIL CON. DIV. DIST. 3

AREA MANAGER

*See Instructions on Reverse Side

a 2

NM000