

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☒ gas ☐ other

3. ADDRESS OF OPERATOR
P. O. BOX 191, FARMINGTON, N.M. 87499

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

AT SURFACE: 1830' FNL, 750' FWL
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH: SAME

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) SEE BELOW	

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

RECEIVED

NOV 04 1985

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

☐ BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

SF-078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MARCUS

9. WELL NO.

#4

10. FIELD OR WILDCAT NAME

COUNSELORS GALLUP-DAKOTA

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

SEC. 5-T23N-R6W

12. COUNTY OR PARISH

13. STATE

RTO ARRIBA

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6983' GL, 6995' KB

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.)*

OPEN HOLE LOGS COULD NOT BE RUN DUE TO FORMATIONS 450' TO 1500' CLOSING IN. DEPTH CORRELATION LOG WAS RAN THROUGH 4½ PRODUCTION CASING.

REVIEW

NOV 07 1985

OIL CON DIV
DIST. 3

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

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

SIGNED Debra J. Blount TITLE PROD. SUPT. DATE NOV. 1, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC