

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS OF 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
E. B. GERMANY & SONS

3. ADDRESS OF OPERATOR c/o Walsh Engr. & Prod. Corp.
P.O. Drawer 419 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1050'FNL, 1170'FEL
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) See Below

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

MAR 07 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF-079086

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Nancy Cutler

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14-T24N-R6W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6440'G.L. 6445'K.B.

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.)*

1. Gas Production indicated that possible hole has occurred in 5-1/2" production casing.
2. It is proposed to perform the following work:
 - a. Run tubing and packer, set packer 2000'-2030'.
 - b. Swab well to determine if formation is damaged.
 - c. If formation produced sufficient quantities of gas will produce gas into gas gathering line for estimated 30 days to evaluate production.
 - d. B.L.M. will be advised, prior to or ahead of 30 days, if gas production is or is not sufficient to justify repair of casing, if determine that a hole is in casing.

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

FOR: E. B. GERMANY & SONS
18. I hereby certify that the foregoing is true and correct.

SIGNED EWELL N. WALSH TITLE Walsh Engr. & Prod. Corporation DATE 3/7/84
Ewell N. Walsh, P.E. President

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

MAR 07 1984
M. MILLENBACH
AREA MANAGER