

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 ☐ *Gas - Oil Well*
Dual Completion

2. NAME OF OPERATOR
Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR
P. O. Box 808, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 ft/N; 990 ft./W lines
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

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

5. LEASE
Contract 418

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "L"

9. WELL NO.
4-E

10. FIELD OR WILDCAT NAME
Basin Dakota - Otero Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-24N, R-5W, N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6599 D.F.

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* Zone ☒
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

FEB 22 1983

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

It is proposed to plug and abandon the presently uncommercial Gallup interval in this well. The Gallup sand perms. 5713' to 5920' (30 holes total) will be cement squeezed with 300 sacks cement, drilled out and tested. The Dakota interval will then be produced as a single completion.

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

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

SIGNED *W. K. Cooper* TITLE *Field Oper. Mgr.* DATE *February 22, 1983*

(This space for Federal or State office use)

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

APPROVED
AS AMENDED

MAR 04 1983

JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC