

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
UNC Texas, Inc.
3. ADDRESS OF OPERATOR
PO Box 1311 Midland, TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 330' FWL Sec. 31
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* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Well completion

5. LEASE
NM 014023
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Betty 'C'
9. WELL NO.
6-31
10. FIELD OR WILDCAT NAME
Lybrook-Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31-24N-7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6943 GR; 6955 KB

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

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.)*

The Gallup formation was perforated at 5573, 69, 63, 61, 55, 38, 35, 33, 18, 16, 5464, 62, 60, 59, 57, 5367, 65, 62, 47 & 45 feet KB. The perforations were acidized with 2000 gal. Fe acid and 500 scf/bbl nitrogen. The well was then fractured in a single stage using 129,000 lbs. 20/40 sand and 48,000 lbs. 10/20 sand in 86,800 gallons x-link gel and 37,200 gallons CO₂.

2 3/8" EUE tubing was set at 5527 feet KB. Pump and rods were run in preparation for well test.

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

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

SIGNED Randall H. Hulme TITLE Drig. & Prod. Engr DATE November 23, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NOV 30 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY Sm