

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
ROZE OIL COMPANY, INC.
3. ADDRESS OF OPERATOR
P.O. BOX 2678 2405 SSRR FARMINGTON, N.M.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 Ft. Fr South Line & 1930 Ft.
AT TOP PROD. INTERVAL: Fr. West Line of Sec 3
AT TOTAL DEPTH: 25W R1E
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) ☐

SUBSEQUENT REPORT OF:

- ☒ Surface Pipe
☒ Intermediate

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OCT 12 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
NM 0556030
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
R.D. & P.
9. WELL NO.
TWO
10. FIELD OR WILDCAT NAME
PUERTO CHIQUITO EAST MANCOS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 3 T25N R1E
12. COUNTY OR PARISH
RIO ARriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
71476R

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

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OCT 27 1983
OIL CON. DIV.
DIST. 3

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.)*

Set 100 of new 8-5/8", 24# per foot, surface, circulation 60sx, class H cement to surface, Aug. 27

ROP set & tested, Aug 28, started, drill out, 7-7/8" Hole Aug 3rd, an intermediate, string of casing was set to control water flow, at a depth of 1874', 5-1/2" casing, used, 100 sx of cement used to cement botom 300' casing, no cement was run on upper section, until decision is made to complete or recover & plug.

change Operator name from Reeves Only + Petro

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

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

SIGNED George J. Baugh TITLE President DATE 10-3-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 26 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY SMH