

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
3. ADDRESS OF OPERATOR
P.O. BOX 2678 FARMINGTON, NEW MEXICO 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 495/N 495/E
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 | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" 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) | |

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

RECEIVED
(NOTE: Ref)

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

AUG 16 1984

BUREAU OF LAND MANAGEMENT
HARRINGTON RESOURCE AREA

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.)*

Change Operator Name

Last report filed by Reeves Drilling & Petroleum shows well is Temp. abandoned. After evaluating the electrical logs & drillers log, we determined there were shows of hydro carbons at 865' to 872'. On August 8, we perforated this zone. The perforating tool came out of the hole with oil on it. We are running tubing to a depth of 1150. We are setting a pump to that depth. We will be testing the well for approx. 3 weeks.

RECEIVED

AUG 29 1984

OIL CON. DIV Ft.
DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE

DATE _____

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 28 1984

***See instructions on Reverse Side**

FARMINGTON RESOURCE AREA

RY

Smvr

NMOCC