Form 9-331
Dec. 1973

# 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

   R.E. Lauritsen

3. ADDRESS OF OPERATOR

   P.O. Box 2364, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

   AT SURFACE:  330 FEL, 2110 FSL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

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

| | |
|---|---|
| 5. LEASE | NM 15848 |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | ------- |
| 7. UNIT AGREEMENT NAME | ------- |
| 8. FARM OR LEASE NAME | #1 So. Union Fed.-12 |
| 9. WELL NO. | #1 |
| 10. FIELD OR WILDCAT NAME | Wildcat |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | Sec. 12, T 24N, R 13W |
| 12. COUNTY OR PARISH | San Juan |
| 13. STATE | New Mex. |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) | 6151.0 Gr |

REQUEST FOR APPROVAL TO:    SUBSEQUENT REPORT OF:

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

(other)_____

(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.)*

See attached Drilling Report

Estimated Tops

| Formation | Depth | Content |
|---|---|---|
| Picture Cliff | 705 | Salt Water |
| Chacra | 1080 | Water |

Subsurface Safety Valve: Manu. and Type _____ Set @ ____ ft.

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

SIGNED _____  TITLE Operator  DATE 10-4-82

(This space for Federal or State office use)

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

## ACCEPTED FOR RECORD

## OCT 27 1982

FARMINGTON _____
BY_____ SMH

*See Instructions on Reverse Side

NMOCC