

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 Dry Hole
2. NAME OF OPERATOR
R.E. LAURITSEN
3. ADDRESS OF OPERATOR
P.O. Box 2364, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2110' FSL & 330' FEL
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
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☐
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☐
☐
☐
☒

RECEIVED
JAN 24 1983

NOTE: Report results of multiple completion or zone changes on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
NM 15848
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
So. Union Fed. -12
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat GAZ CHOCRA
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 Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6151.0 Gr.

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.)*

Well Plugged 9-7-82 Surface Casing Only (128')

TD 1386' Total of two plugs: 1386'--670' (85 sks. Class B) 662.98 Cu.FT.
670'--Surface(10 sks. Class B) 78.00 Cu.Ft.
5 1/4" Hole Plugged Total--- 740.98 Cu.Feet

3.5 BBL Displaced

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED R.E. Lauritsen TITLE Operator DATE 1-18-83

(This space for Federal or State office use)

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

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

.....ions on Reverse Side

NMOCC

APPROVED
AS AMENDED
DEC 11 1984
M. MILLENBACH
AREA MANAGER