

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
Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR
P.O. Box 1290, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL; 1090' FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

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

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BUREAU OF LAND MANAGEMENT
FARMINGTON 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.)*

It is proposed to clean out the above captioned well; test casing, repair if required; reperforate Pictured Cliffs if required and stimulate with hydraulic fracture treatment.

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

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

SIGNED M.R. Herrington TITLE Petroleum Eng. DATE October 18, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

R. B. Hoffman
ABST
Brown