

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 808, Farmington, New Mexico 87499  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850'/S; 790'/E line  
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) Commingle

SUBSEQUENT REPORT OF

RECEIVED  
MAR 22 1983  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
Contract No. 153  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
  
8. FARM OR LEASE NAME  
Jicarilla "J"  
9. WELL NO.  
#10  
10. FIELD OR WILDCAT NAME  
Tapacito Gallup Assoc./Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T-26N, R-5W, N.M.P.M.  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6615 G.L.

(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.)\*

1. MIRUSU. TOH with 1-1/2" I.J. tubing.
2. TOH with 1-1/2" EUE tubing.
3. Change out dual wellhead.
4. Land 2-3/8" tubing @ approximately 7050 feet.
5. Swab well in if necessary.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. K. Cooper TITLE Field Oper. Mgr. DATE March 18, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

TITLE James A. Smith DATE \_\_\_\_\_

\*See Instructions on Reverse Side

JAMES A. SMITH  
DISTRICT ENGINEER

NMOCC