

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
Southern Union Exploration
3. ADDRESS OF OPERATOR
Box 2179 Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1190' FNL & 1480' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Change Prod. tubing

5. LEASE
Contract # 104
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla E
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Commingled Basin
Dak. & Wildhorse Gallup, Blanco MV.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15-T 26N-R 4W NMPM
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
30-039-20080
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6803' RKB

(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. MIRU Well Service Rig.
2. Pull Mesa Verde tubing.
3. Pull commingled Dakota-Gallup tubing.
4. Change Dakota-Gallup tubing to allow selective production of the Dakota and/or the Gallup zones
5. Run Mesa Verde Tubing as before.
6. Swab test and return to production

Work to begin

RECEIVED
JUN 13 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

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

SIGNED [Signature] TITLE Division Engineer DATE 6-1-84

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JUN 21 1984
FARMINGTON RESOURCE AREA
BY 833



