

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  
Southern Union Exploration Company

3. ADDRESS OF OPERATOR  
P. O. Box 2179 Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1645' FSL & 830' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

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

5. LEASE  
Contract #104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla

9. WELL NO.  
E-15

10. FIELD OR WILDCAT NAME  
Basin Dakota/Wildhorse Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec 16, T26N, R4W, NMPM

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD)  
6730' 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) Flaring of Gas Well

**RECEIVED**  
**AUG 21 1986**  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion 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.)\*

Flare the Gallup Zone for (5) days @ 375 to 400 MCFD beginning August 15th for Test. This test is necessary to determine the well's capability to flow at normal pipeline pressure.

*Approved subject to payment a...  
...in accord with G...  
...requirements.*

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

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

SIGNED Mark R. ... TITLE Dr. & Prod Superintendent DATE Aug. 19, 1986

(This space for Federal or State Approval)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: ..

**RECEIVED**  
**AUG 25 1986**  
OIL CON. DIV.  
DIST. 3  
**APPROVED**  
**AUG 22 1986**  
*[Signature]*  
AREA MANAGER

\*See Instructions on Reverse

NMOCC