

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

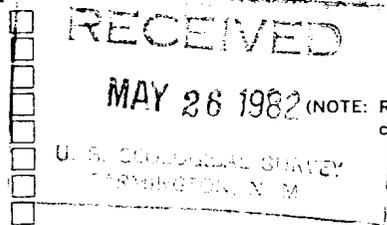
3. ADDRESS OF OPERATOR  
314 North Auburn, Drawer "F" Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1710' FWL & 1850' FSL  
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:



5. LEASE  
Contract #105  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jicarilla "A"  
9. WELL NO.  
22-Y  
10. FIELD OR WILDCAT NAME  
Blanco MV-Wildhorse Gallup-Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 24, T26N-R4W, N.M.P.M.  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7175' 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.)\*

Propose to swab and test the Mesa Verde and Gallup zones to determine potential for commingling of the same two zones. Will conduct tests as soon as State and Federal approval is received.

*Approved subject to additional information as to the length of test and disposition of hydrocarbons, prior to test, being submitted.*

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

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

SIGNED *L. B. Boster* TITLE Drlg. Supervisor DATE May 25 1982

APPROVED BY *James F. Sims* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL **APPROVED MAY 27 1982**

AS AMENDED **JAMES F. SIMS  
DISTRICT ENGINEER**

\*See Instructions on Reverse Side