PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE ZONES

ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-011639
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas ry	SALAZAR
well well other	9. WELL NO.
2. NAME OF OPERATOR	# 2
Curtis J. Little	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 2487	Ballard-Pictured Cliffs
Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 5-25N-7W
AT SURFACE: 1820'FNL and 1840'FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba N M
AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-039-22789
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6931 'GL 🖁
	annotation of the state of the
TEST WATER SHUT-OFF	CEIVED
REPAIR WELL	(NOTE: Report results of multiple completion or zone charge on Form 9–330.)
MILITIPLE COMPLETE	

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.)*

GEOLOGICAL SURVEY

LANDINGTON, N. M.

SPUD 9-18-81 at 2:00 PM. Drilled 9-7/8" hole to 139'. Ran 3 jts. 7" 20# to 129' w/60 sx 2% CaCl. Plug down 1:40 AM. Cement circulated. WOC 12 hrs. Pressure tested to 500 psi. Held OK.

TD 9-25-81 at 2900'. Ran 113 jts 2-7/8" 6.4# csg to 2894' w/290 sx. Cement circulated. Pressured to 2500 psi. Held OK.

Subsurface Safety Valve: Manu. and Type _____n/a 18. I hereby-certify that the foregoing is true and correct Operator TITLE DATE . (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: to for RECORP

*See Instructions on Reverse Side

1981



