

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. A2-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 ☒ gas ☐ other ☐ Approved for drilling  
well well well

2. NAME OF OPERATOR

Han-San, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 349 Deming, New Mexico 88030

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660- FWL, 710; FSL, Section 26,

AT TOP PROD. INTERVAL: T26N, R1E

AT TOTAL DEPTH:

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 UP ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

(other) Change well name

SUBSEQUENT REPORT OF:

5. LEASE

NM 12833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grevey

9. WELL NO.

1-X

10. FIELD OR WILDCAT NAME

Puerto Chiquito

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 26, T26N, R1E

12. COUNTY OR PARISH 13. STATE

Rio Arriba

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or change on Form 9-330.)

RECEIVED  
SEP 24 1981  
OIL CON. COM.  
DIST. 3

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.)\*

At the request of the New Mexico Oil Conservation Commission this well will become the Grevey #1-R.

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

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

SIGNED David W. Edger TITLE Agent DATE 9-17-81

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

BY

sm