PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

Correction of PBTD

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

Dec. 1973	Budget Bureau No. 42-R1424			
UNITED STATES	5. LEASE			
DEPARTMENT OF THE INTERIOR	Jicarilla Contract #100			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	Jicarilla Apache			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME			
(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.)				
reservoir, ose roini s-ssi-o for sacin proposais.)	8. FARM OR LEASE NAME			
1. oil gas XX other	Jicarilla "D"			
Well Other	9. WELL NO.			
2. NAME OF OPERATOR	#20			
Southern Union Exploration Company	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR	Blanco Mesa Verde			
P.O. BOX 2179, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	I AREA			
below.)	Sec 31-T 26N-R 3W, NMPM			
AT SURFACE: 1120 FSL and 1760' FWL, NMPM AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE			
AT TOTAL DEPTH:	Rio Arriba New Mexico			
	14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,				
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7075 GR			
TEST WATER SHUT-OFF				
FRACTURE TREAT				
SHOOT OR ACIDIZE				
REPAIR WELL	(NOTE: Report results of multiple completion or zone			
PULL OF ALTER CASING	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.)*

NOTE: The correct PBTD for this well is 6160'.



RECEIVED

OCT 1 6 1984

BUREAU OF LAND MANAGOLIMENT TARMINGTON RESOURCE AREA

Subsurface Safety Valve: Manu. and Typ	pe		Set @ _	Ft.
18. I hereby certify that the foregoing is	surve and correct	3	n 40	
SIGNED Latherine Foly	le TITLE Deologist	DATE L	October 1.	5,1984
	(This space for Federal or State office use)			
APPROVED BY	TITLE	_ DATE _	ACCEPTED	<u>) FOR GEJOR</u> e

*See Instructions on Reverse Side

NMOCC

FARMINGTON KESOURGE AREA