

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 ☐ gas ☒ 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: 1375' FSL & 2290' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

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) Squeeze Cliff House perforations.

5. LEASE
Jicarilla B #106
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla B
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla B
9. WELL NO.
#15
10. FIELD OR WILDCAT NAME
BLANCO MESA VERDE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 36-T26N-R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7075' G.L.

RECEIVED

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

JUN 06 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

1. This well logs off due to water production from Cliff House.
2. POOH w/tbg. Test Point Lookout & Cliff House separately.
3. Squeeze Cliff House 5424'-5308', 18 holes; w/100 sks Class B Cement w/10% CalSeal. Drill out & pressure test to 2200 psi. If squeeze doesn't hold, establish an injection rate and resqueeze w/25-150 sks as above.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED [Signature] TITLE Drlg. & Prod. Engineer

DATE June 4, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

