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

		Budget	t Bureau No. 42-R1	424
5.	LEASE	SF-079	139-A	
6.	IF INDIAN,	ALLOTTEE (	OR TRIBE NAME	
7.	UNIT AGR	EEMENT NA	ME	
8.	FARM OR I	LEASE NAME WARREN	E	
9.	WELL NO.	#3-E		
10.	FIELD OR	WILDCAT NA	AME	
		l., M., OR BL	p/Basin Dak .k. and survey -T25N-R6W	
12.	COUNTY C Rio Arr	R PARISH	13. STATE N.M.	
I				
14.	API NO.			

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 4NdH phoposals-) 1. oil gas  $\square$  $\mathbf{X}$ other well well 2. NAME OF OPERATOR Curtis J. Little P. O. Box 1258 3. ADDRESS OF OPERATOR Farmington NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 1750'FNL & 790'FEL AT SURFACE: AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT REC SHOOT OR ACIDIZE REPAIR WELL JAN 0.7~%55 change on Form 9–330.) PULL OR ALTER CASING MULTIPLE COMPLETE BUREAU OF LAND MANAGEMENT FORMINGTON PEROLINGE AREA CHANGE ZONES ABANDON\* (other) 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.)\* SPUD 10:30 pm. Ran 5 jts 8-5/8" csg, 24# to 225'KB. Cemented 12-19-84 ⟨w/165sx Class B w/2% CaCl. Circulated 5 bbls. cement to pit. Plug down 3:45 am 12-20-84. WOC 12 hrs. Pressure tested to 800 psi. Held OK. Drld out 3:45 pm 12-20-84. 1-1-85 Ran 182 jts 45½" csg 17# SM-95 to 7168'KB. PBTD 7126. DV tool 5072. Cemented w/430sx Class B 50-50 poz 2% gel 10% salt, 0.4CF-10, (551 cu.ft.). Second stage w/637sx 35-65 poz w/6% gel (1077 cu.ft.) followed by 75sx Class B (88 cu.ft.). Plug down midnight 1-1-85. Subsurface Safety Valve: Manu. and Type \_\_\_\_ 18. I hereby certify that the foregoing is true and correct January 4, 1985 Operator \_ TITLE \_ DATE (This space for Federal or State office use) \_\_ TITLE . DATE APPROVED BY CONDITIONS OF APPROVAL IF ACCEPTED FOR RECORD

JAN

7 1985 -

FAKIMMUTUM RESOURCE AREA SMM