Form 9-331 Dec. 1973					/		pproved. Bureau N	No. 42-R1424
DE	UNITED STAT PARTMENT OF THE GEOLOGICAL SU	INTERIOR		5. LEA 6. IF I	NM	33027	R TRIB	E 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 reservoir, Use Form 9–331–C for such proposals.)					EMENT NAM		1.4	
reservoir. Use Form 9-	331-C for such proposals.)			8. FAI	RM OR LE	ASE NAME		
	as other				South LL NO.	Bisti	•	
2. NAME OF OP	ERATOR UNION EXPLORATION	ON COMPANY			#1	ILDCAT NA	MF	
3. ADDRESS OF				1		wer Gal		
PO BOX 21 4. LOCATION OF below.)	79 FARMINGTON, WELL (REPORT LOCAT		ee space 17	AR	EA	M., OR BL 5N-R1 3W	K. AND	SURVEY OR
AT SURFACE: AT TOP PROD	660'FSL & 660'	FEL				PARISH :	3. STA	TE
AT TOTAL DE	~			San 14. API	Juan		NM	
REPORT, OR						S (SHOW D	OF, KDE	B, AND WD)
REQUEST FOR AP TEST WATER SHU FRACTURE TREAT SHOOT OR ACIDIZ REPAIR WELL PULL OR ALTER (	T-OFF	BSEQUENT REP			change o	suits of mult n Form 9–33	ple comp 0.)	oletion or zone
MULTIPLE COMPL CHANGE ZONES ABANDON* (other)			ECE NOV3(	1984				
including estin	OPOSED OR COMPLETE nated date of starting a true vertical depths for	D OPERATION WORLD	k. If well is di	s@U'®e∕ti irectionall	inent det	ails, and g give subsu	ive pert	inent dates, ocations and
11-21-84	POOH w/rods, po Ran 120 hr pres		g. TIH w	tbg &	packe	r.		
11-27-84	Acidized exist w/1000 gal 15%					holes)		•
11-28-84	TOH w/tbg & pacto production.		w/tbg, pu	mp & r	ods as	before	. Re	turned

OIL CON. DIV.

Subsurface Safety Valve: Manu. and Ty	DIST. 3	Set @ F1
18. I hereby certify that the foregoing SIGNED STATE PUBLICATION		ACCERTED FOR IBEGOR
	(This space for Federal or State office use)	DEC 05 1554
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE DATE _	FARMINGTON RESOURCE ARE

## **UNITED STATES**

Form A	pproved		
Budget	Bureau	No.	42-R1424

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 well other  2. NAME OF OPERATOR  NM-33027 6. IF INDIAN, ALLOTTEE OR TRI  7. UNIT AGREEMENT NAME South Bisti 9. WELL NO. #1	BE 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 reservoir. Use Form 9-331-C for such proposals.)  1. oil gas well other  7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME South Bisti 9. WELL NO.	BE 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.)  8. FARM OR LEASE NAME South Bisti 9. WELL NO.	
1. oil gas South Bisti well Well other 9. WELL NO.	
well X well other 9. WELL NO.	
2. NAME OF OPERATOR #1	
3. ADDRESS OF OPERATOR  3. ADDRESS OF OPERATOR  Bisti Lower Calling	
DISCI LOWEL GATTUP	
P. O. BOX 2179 FARMINGTON, NM 87499  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  AREA  11. SEC., T., R., M., OR BLK. ANI AREA	D SURVEY OR
below.)  AT SURFACE: 660' FSL & 660' FEL  Sec 3- T25N-R13W NM  12. COUNTY OR PARISH 13 ST	
AT TOP PROD INTERVAL:	
AT TOTAL DEPTH: Same Same San Juan N 14. API NO.	ew Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KE	OB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	74,
SHOOT OR ACIDIZE	
REPAIR WELL	moletion or zone
PULL OR ALTER CASING	,
CHANGE ZONES APR 2 41985	
ABANDON*	
(other) BUREAU OF LAND MANAGEMENT	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give per including estimated date of starting any proposed work. If well is directionally drilled, give subsurface measured and true vertical depths for all markers and zones pertinent to this work.)*	rtinent dates, locations and
l. POOH w/ pump and rods. POOH w/tubing.	
2. Frac existing perforations down casing @ 15 BPM w/75,000 gallor	ns 30# ge1
carrying 146,500 lbs 20/40 sand.	
3. Flow back and clean up.	) m .
4. Return to production 4/3/85.	R. S. Carrie
APR 2  OIL CO  DIST  Subsurface Safety Valve: Manu. and Type	26 1000
Oll Co	- 0 1935
- 1 CO	N. Bar
DISI	T. 3
Subsurface Safety Valve: Manu. and Type Set @	Ft.
18. I persty certify that the foregoing is true and correct	
signed Schweile title Drlg. & Prod. Eng. date 4-22-85	
// (This space for Federal or State office use)	
APPROVED BY TITLE DATE ACCEPTED FOR F	RECORD
APR 2 5 19	85
*See Instructions on Reverse Side FARIMINGTON RESOUR	TUE MHEA

(other)

## UNITED STATES

Э.	LEASE
	NM-33027

DEPARTMENT OF THE INTERIOR	NWI-33021/			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME  8. FARM OR LEASE 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.)				
1. oil ra gas	South Bisti			
well well other	9. WELL NO.			
2. NAME OF OPERATOR	1			
SOUTHERN UNION EXPLORATION COMPANY	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR	BISTI LOWER GALLUP			
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 below.) AT SURFACE: 660' FSL & 660' FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	Sec 3-T25N-R13W   NMPM   12. COUNTY OR PARISH   13. STATE   San Juan   NM   14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6297 G.L.			
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:	(NOTE: 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.)\*

FARMINGTON RESOURCE AREA

- MIRU well servicing unit. POOH w/rods, pump & tubing. Lower Gallup.
- TIH w/packer & tubing to acidize perfs w/2000 gal 15% HCL acid carrying 500 SCFM Nitrogen.
- Clean up & return to production.

SEP 3 O 1985

MII MAL

		U	DIST 3
Subsurface Safety Valve: Manu. and Type	e		1 DODOVED
18. I hereby certify that the foregoing is	true and correct		APPROVED
SIGNED HOLSCHWeiler	TITLE Drlg. & Prod.	Eng.date	Sept. 17, 1985
	(This space for Federal or State of	fice use)	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	SEP 26 1985
	NMOCC		FO-FILE MANAGER FARMINGTON RESOURCE AREA
	*See Instructions on Reverse	Side	