

(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: 1550' FNL & 990' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

RECEIVED
(NOTE: R
cl
OCT 16 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

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

OCT 16 1986

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).*

9 5/8", 40#, J-55, @ 89'

Perf 2014-2038 w/51 shots

2070-2100 w/120 shots

5½", 15.5#, J-55 @ 2120'

1" tbq @ 2080

1. MIRU well servicing unit.
2. Pump into perforations for injection rate. Pull tubing to 1850'.
3. Cement perforations & 220' casing w/50 cu ft Class B cement.
4. Pull tubing to \pm 220'. Spot 220' cement plug @ surface, 30 cu ft Class B cement.
5. Cut off wellhead & weld on PTA marker.
6. Work will commence August, 1987.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED W. C. [Signature] TITLE Drig & Prod Mgr. DATE October 14, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMOCC

DIST. 3

FAKINGHON RESOURCE AREA