

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 well ☐ gas well ☒ other _____
2. NAME OF OPERATOR
B. H. Keyes
3. ADDRESS OF OPERATOR
Box 842
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL 1850' FEL Sec. 20
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 type="checkbox"/>
(other) _____	

SUBSEQUENT REPORT OF:

X

REPORT OF
RECEIVED
1983

JAN 28 1983
(N)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

3. LEASE
NM-020496
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Yockey
9. WELL NO.
#3
10. FIELD OR WILDCAT NAME
West Kutz - Picture Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20 T27N R 11W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
30-045-06392
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)*

1878-81, 1886-1903 - Perforated 2 shots/ft. in 1959. No new perforations made in current remedial action.

1878-91: 1886-1903 - Sand foam fractured with 283,712 SCF Nitrogen and 45,000 Lbs. 10-20 Sand

Put back on line 12-21-82. No tests. Well producing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED B. H. Kreyer TITLE Operator DATE 01/28/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JAN 31 1983

FARMINGTON
BY *J. J. J.*

***See Instructions on Reverse Side**

NMOCC