Form 9-331 Dec. 1373

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

1	Form Approved.  Budget Bureau No. 42-R1424
i	5. LEASE
	SF078895
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
_	
	7. UNIT AGREEMENT NAME
nt	
	8. FARM OR LEASE NAME
	Mudge "A"
	9. WELL NO.
	10. FIELD OR WILDCAT NAME West Kutz, P.C.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
,	AREA
	Sec. 6-T27N-R11W
	12. COUNTY OR PARISH 13. STATE
	San Juan NM
_	14. API NO.
,	
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6067 GR
_	

(Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9-331-C for such proposals.) 1. oil well Xwell other 2. NAME OF OPERATOR DEPCO, Inc. 3. ADDRESS OF OPERATOR 1000 Petroleum Bldg - Denver, CO 80202 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1650' FSL, 990' FEL (NE/4 SE/4) AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF RECEIVED FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) Request For Indefinite Extension of SI Status

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.)\*

It is requested that the current temporary shut-in classification for the subject well, due to expire 11-10-84, be extended for an indefinite period due to the absence of a gas market. Please refer to the attached correspondence dated 7-25-84 from GCNM for specific details.

AUG 1 4 1984

is Approval Or Temperary 11-10-85 Abandenment Expires

OIL CON. DIV.

\_ TITLE \_

DIST. 3 Subsurface Safety Valve: Manu. and Type

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

> Prbd. Supt. So. July 30, 1984 DATE\_

> > (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SIGNED -

DATE APPROVED AS AMENDED

\*See Instructions on Reverse Side

NMOCC