

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 32-R1424

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 ☒ other ☐

2. NAME OF OPERATOR
DEPCO, Inc.

3. ADDRESS OF OPERATOR
1000 Petroleum Building - Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL, 990' FWL (NW/4 NW/4)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

AUG 26 1985

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE SF078895	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Mudge "A"	
9. WELL NO. 8	
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 San Juan	13. STATE NM
14. API NO. --	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6053' GR	

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 proposed to cln out the Mudge "A" No. 8 to 1894' TD, run 2-7/8" - 6.5# - J55 - EUE tbg to TD & cmt to surf using 180 ft³ - 50/50 Pozmix followed by 180 ft³ C1 "B" regular. After an adequate WOC period, the Pictured Cliffs interval 1842'-52' will be perfd using 2 JSPF. The perfd interval will be foam-fraced using 25,000# 20/40 sd in 70 quality N₂ foam.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] Prod. Supt. - So. DATE August 22, 1985
Rockies

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

AUG 29 1985
OIL CON. DIST. 3
Ft.
APPROVED
AUG 27 1985
[Signature]
AREA MANAGER
FARMINGTON RESOURCE AREA