Form 9-331

TEST WATER SHUT-OFF

7-30-74

FRACTURE TREAT

SHOOT OR ACIDIZE

HINITED STATES

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

SUBMIT IN TRIPLICATE.

	Form approve Budget Burea	d. u No	o. 🗚 2-R	1424
FASE	DESIGNATION	AND	SCRIAL	NO.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

3. ADDRESS OF OPERATOR		Tapp 9. well so.
P. O. BOX 4. LOCATION OF WELL (I See also space 17 bel At surface	990, Farmington, New Mexico 87401 Report location clearly and in accordance with any State requirements.* ow.)	10. FIELD AND POOL, OR WILDCAT SO-Blanco- Pictured Cliffs
	1500' N, 1840'E	Sec. 17, T28N, R8W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5814 GL	San Juan New Mexico

Installation of tubing CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL 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.) * (Other)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Ran 114 joints 1" schedule 40 PVC pipe to be used as siphon string, 2280' set at 2291'.





8. I hereby certify that the foregoing is true and correct SIGNED	TITLE	Production Engineer	DATE7/30/74
(This space for Federal or State office use) APPROVED BY	TITLE		DATE