

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

Southern Union Exploration Company

3. ADDRESS OF OPERATOR

1217 Main Street, Dallas, Texas 75202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 800' FSL & 800' FEL

AT TOP PROD. INTERVAL:

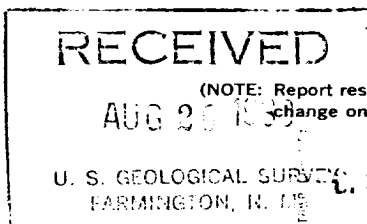
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:



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.)*

- 1/4/80, Spudded well, drilled to 107' & set 107' of 7# casing cemented back to surface w/35 sks of Class "B".
- 1/9/80, well reached TD of 1325'.
- 1/10/80, logged well.
- 1/12/80, ran 1325' of 2 7/8" production casing & cemented, using 170 sks of Class "H" w/2% CaCl & 12# Gilsonite, cement circulated to surface.
- 4/21/80, perforated P.C. formation from 1009-1013', 2 JSPF, 2 1/8".
- 4/23/80, acidized w/400 gallons. Treated @ 800# @ 1.5 BPM.
- Tested well but only recovered salt water, no gas.
- No other zones of production in well. Intent to squeeze 15 sks of neat into perforations & cement 2 7/8" back to surface.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Ronald M. Senty TITLE Production Engineer DATE August 19, 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC