

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 St., Dallas, TX 75202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FSL & 800' FEL
AT TOP PROD. INTERVAL: 1009-1013'
AT TOTAL DEPTH: 1300'

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:

5. LEASE
N.M. 33017

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SX - Federal

9. WELL NO.
#1-18

10. FIELD OR WILDCAT NAME
Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18, T27N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5811' GL

RECEIVED
OCT 17 1983

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

OIL CON. DIV
DIST. 3

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.)*

TD on 1/9/80 @ 1325' - Ran 2 7/8" tubing cemented to surface, perforated from 1009-1013'. Tested the PC formation, pumped 12 bbls of cement in formation and cement to surface. Cut off 4' below ground level, clean up location.

Subsurface Safety Valve: Manu. and Type None Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Drilling & Prod. Superintendent DATE January 6, 1981

(This space for Federal or State office use)

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

FARMINGTON COPY

*See Instructions on Reverse Side

1/9/80