

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 ☐ gas ☒ other ☐
well well

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: 790' FSL, 900' FWL (SW $\frac{1}{4}$ -SW $\frac{1}{4}$)
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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Supplementary Report	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
NM03523

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Federal 31

9. WELL NO.
14

10. FIELD OR WILDCAT NAME
West Kutz P.C.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31-T27N-R11W

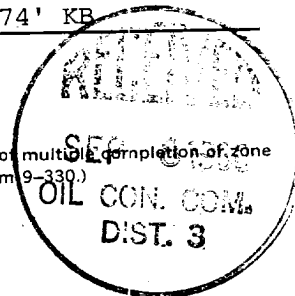
12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.
30-045-24308

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6062' GR 6074' KB

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



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.)*

7-3 Thru 7-5: Swabbed Pictured Cliffs and Fruitland Formations intermittently.
No significant gas to surface.

8-10 Thru 8-13: Swabbed Pictured Cliffs and Fruitland perforated intervals. No significant gas to surface. Static fluid level 600' from surface. Swabbing fluid level 1000' from surface.

8-18 Thru 8-21: Isolated Pictured Cliffs and Fruitland intervals w/bridge plug and packer. Individually swabbed each perforated interval. No significant gas to surface from either interval. Well SI, prep to P&A.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm S. Lawrence TITLE Prod. Supt. DATE August 28, 1980

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 4 1980

FARMINGTON DISTRICT

BY h

*See Instructions on Reverse Side

NMOCC