

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

Depco, Inc

3. ADDRESS OF OPERATOR

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

AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

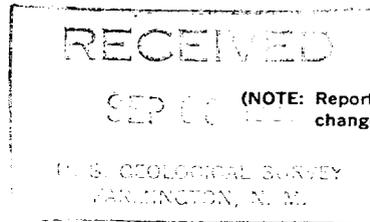
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

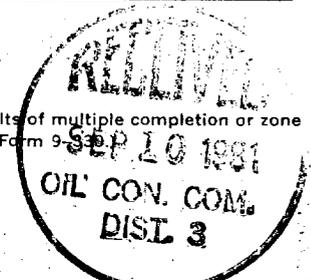
- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other)

SUBSEQUENT REPORT OF:

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5. LEASE NM0359211
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
7. UNIT AGREEMENT NAME --
8. FARM OR LEASE NAME Federal 30
9. WELL NO. 23
10. FIELD OR WILDCAT NAME West Kutz P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T27N-R11W
12. COUNTY OR PARISH San Juan
13. STATE NM
14. API NO. 30-045-24813
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6137' GR 6149' KB



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.)*

- 7-29-81 MIRU Aztec Well Service completion unit #65.
- 7-30-81 Circ 1% KCL wtr w/clay stabilizers & surfactants. Spot 250 gal 7 1/2% HCL @ 1658' KB. Perf Pictured Cliffs form 1660-66' KB w/2 JSPF. Foam-frac perf'd interval using 70 quality foam containing 27,500 gal KCL wtr, 35,000# sd, & 233,500 SCF-N2. Avg treating press 1300 psi. Avg foam pmpg rate 20 BPM.
- 7-31-81 Cldd well out to 1830' KB w/N2. Ran 50 jts, 1662.23', 1" NUE, 1.70#, CW55, 10 rd thd tbg landed @ 1672' KB.
- 8-28-81 Perform 3-hr deliverability tst - 3/4" ck, Q - 101 MCF/D, FCP 250 psi, CAOF 156 MCF/D, SICP 402 psi.

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

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

SIGNED *John S. Stevens* Prod. Supt. - So. DATE September 3, 1981
Rockies

(This space for Federal or State office use)

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

NMOCC

ACCEPT FOR RECORD

SEP 9 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY *Smm*