

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
Oxoco Production Co.
3. ADDRESS OF OPERATOR
P.O. Box 255, Farmington N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 ft FSL, 790 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

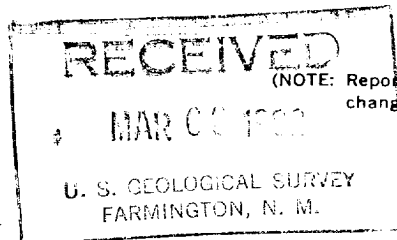
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

(other) Completion plan



5. LEASE
NM -033035
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Campbell
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
WAW Fruitland-Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T27N-R13W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-25153
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5964 Gr.

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.)*

Operator proposes to move on location with swabbing unit, run cement bond log and gamma-ray correlation log and perforate Pictured Cliffs Ss. from 1352 to 1362' with 2 SPF. Well will be swabbed in through lubricator and tested for natural gas flow. If commercially productive, will run 1 1/2", 2.4 ob., J-55, 10-rnd. tubing to base of perfs. with stripping head and install wellhead equipment for pipeline tie. If required for commercial production will acidize with 500 gals. 15% HCl acid, re-test and/or stimulate with CO₂ foam-frac treatment. Expected commencement date 3/8/82. Gas is dedicated by contract to El Paso Nat. Gas Co.

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

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

SIGNED W. M. R. Geer TITLE Agent DATE March 6, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

