

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☐ gas ☒ 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. from S & W lines
AT TOP PROD. INTERVAL:
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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	

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RECEIVED

MAY 07 1965

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or 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.)*

It is proposed to plug and abandon this well by pumping sufficient cement (estim. 50 sx.) to completely fill the 1390 ft. of 2 7/8", 6.5 lb. casing set in the hole back to the surface. The well was tested for 48 days through a separator and was found to be making an insufficient amount of natural gas (<10MCFPD) to be commercially productive. All surface well-head equipment will be removed, the surface casing cut off 4 ft. below ground level, and the surface restored in accordance with the general and special requirements set out by the U.S.G.S. in their original approval of the permit to drill this well. It is anticipated that this work will be completed by 7/15/82.

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

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

SIGNED [Signature] TITLE Agent DATE May 6, 1982

APPROVED BY [Signature]
CONDITIONS OF APPROVAL IF ANY: MAY 12 1987

For JAMES F. SIMS
DISTRICT ENGINEER

TITLE Agent DATE _____
 space for Federal _____ State office use _____
 TITLE _____ DATE _____
 NMOC OIL CON. COM. DIST. 3

See Instructions on Reverse Side