

6 - USGS

1 - Pioneer

1 - File

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424

**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 ☒ other2. NAME OF OPERATOR
Pioneer Production Corp.3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87401

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

AT SURFACE: 790' FSL - 1850' FEL

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:

☒ Spud

(other)

5. LEASE
NM 010063

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

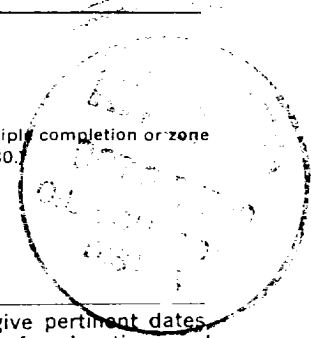
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Redfern9. WELL NO.
5E10. FIELD OR WILDCAT NAME
Basin Dakota11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 9 T28N R11W12. COUNTY OR PARISH
San Juan13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5510' GL

(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.)*

Spud 12 1/4" hole at 3:30 p.m., 10-10-80. Ran 12 jts 8-5/8" O.D., 24#, K-55, 8R, ST&C, CF&I csg T.E. 499.57' Set at 510' RKB. Cemented w/ 310 sx class "B" 2% CaCl. POB 1:45 a.m. Good cement to surface, 2 bbls cement circulated.

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

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

SIGNED Thomas A. Dugan TITLE Agent DATE 10-13-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

BW

NM000