

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

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

P. O. Box 808; Farmington, New Mexico 87499

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

AT SURFACE: 1680 ft./S; 850 ft./E lines

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above

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:

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RECEIVED
FEB 23 1983

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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

5850 R.K.B.

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.)*

We desire to lay a pipeline 372 feet in length from this well to an existing gathering line. The proposed right-of-way (see attached plat) is all on the same lease as the well is drilled on. We desire to lay a 2", 0.154 wall grade "B" pipe, wrapped pipe to be buried a minimum of 3 feet deep and hydrostatically pressure tested to 1000 PSIG for 15 minutes after it has been welded.

A topographical map of the area is attached as is a plat showing the right-of-way and a cut away of the proposed pipeline.

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U.S.G.S.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED W. K. Cooper TITLE Field Oper. Mgr. DATE February 22, 1983

W. K. Cooper

(This space for Federal or State office use)

APPROVED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MAR 22 1983
James F. Sims
JAMES F. SIMS

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR

NMOCC