

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 1290, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 662 f/South; 525 f/West line
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:

☐
☐
☐
☐
☐
☐
☐
☐

(other) reseeding and painting

RECEIVED

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

SEP 23 1983

BLM LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF-080724-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Zachry

9. WELL NO.
57

10. FIELD OR WILDCAT NAME
~~Undesignated~~ Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T28N, R10W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5839' 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.)*

On 9/13/83, reseeding was completed using BLM Seed Mix No. 2. The painting was completed using Gray Federal Standard No. 595a-36357.

- Pipeline and well pad.

RECEIVED
SEP 28 1983
OIL CON
DIST

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

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

SIGNED R.D. Motto TITLE Area Operations Manager DATE 9/16/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

SEP 27 1983

FARMINGTON RESOURCE AREA
BY B. G. M.