

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☒ gas well ☐ other ☐

3. ADDRESS OF OPERATOR
P. O. Box 174, Farmington, New Mexico 87401

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

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 type="checkbox"/>
(other)	

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

RECEIVED

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

JUN 17 1967

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

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.)*

Gallup formation was perforated 5753'-5763' one hole per foot. Interval was acidized with 1500 gallons 15% HCL acid. Fracture treatment consisted of 30,000 gallons frac fluid carrying 32,000# of sand. Formation broke down at 1300 PSI. Average pressure 900 PSI at 10 B.P.M. Immediate shut in at 850 PSI.

Swabb to test.

ACCEPTED FOR RECORD

20 1980

BY

Set @

F

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE

DATE _____

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: