Form 9-331
Dec. 1973

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: 1833 Ft./S; 350 Ft./E lines
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

5. LEASE
SF-047017B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Angel Peak "B"

9. WELL NO.
43

10. FIELD OR WILDCAT NAME
Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-28N, R-11W, N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5894 GR

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Change proposed T.D.		

(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.)*

We desire to change the total depth of this well from 6054 Ft. to 6380 Ft. in order to reach the base of the Greenhorn formation.
All other procedures to remain the same.

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

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

SIGNED William K. Cooper   TITLE Area Oper. Mgr.   DATE May 16, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

AS AMENDED

MAY 18 1983
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCB