

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, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1175' FSL & 1140' FWL
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☒
☐
☐
☐
☐

5. LEASE

SF 078213

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCord "B"

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T-30N, R-13W, N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

ELEVATIONS (SHOW DF, KDB, AND WD)

5763 G.L.

RECEIVED
AUG 10 1983

RECEIVED
AUG 6 1983

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL CON. DIV.
DIST. 3

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.)*

6-24-83 Moved in service unit. Set B.P. @ 6200'. Found casing leak between 306' and 337' and squeezed with 16.8 ft.³ cement. Resqueezed with 113 ft.³ cement and circulated through bradenhead valve. Drilled out and pressure tested to 1100 PSI - tested OK. Drilled BP. Ran tubing and packer and treated Dakota perms (6334'-6502') with 15% HCL mud clean up acid. Reran tubing & swabbed well.

7-26-83 I.P. test: Q = 729 MCF/D AOF = 811 MCF/D

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 August 10, 1983

(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

AUG 25 1983

FARMINGTON RESOURCE AREA

NMOCC

BY [Signature]