7erm 9-331 Dec. 1973	LBN 0 0 1007	Sudget Sursey No. 42	-R1424
UNITED STATES	JAN 26 1987	S, LEASE	
DEPARTMENT OF THE INTER	NOR	NOO-C-14-20-5337	
GEOLOGICAL SURVEYAR	MINGTON RESOURCE	MENT IF INDIAN, ALLOTTEE OR TRIBE NAI AREA Navajo Allotted	ME
SUNDRY NOTICES AND REPORTS	ON WELLS	7. UNIT AGREEMENT NAME	
Do not use this form for proposals to drill or to deepen or servoir. Use Form 9–331–C for such proposals.)	plug back to a different	8. FARM OR LEASE NAME	
SMITTON, GOO FAITH POST-O IN COLUMN POST-O		Harlan Tall-Jim	
1. oil 🗵 gas 🗆 other		9. WELL NO. 2	
2. NAME OF OPERATOR Texas Eastern De	velopments, Inc.	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR P. 0. Box 2521, Houston, Texas	77001	Verde-Gallup 11. SEC., T., R., M., OR BLK. AND SUR	VEY OR
4. LOCATION OF WELL (REPORT LOCATION CLE	ARLY. See space 17	AREA T-30N, R-16W.NW S	ec.1
below.) AT SURFACE: 990' FNL & 990' FWL.		12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: 1601'		San Juan N.M.	
AT TOTAL DEPTH: 1805'	ACTUAL OF MATION	14. API NO	
16. CHECK APPROPRIATE BOX TO INDICATE N. REPORT, OR OTHER DATA	ATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, A	ND WD)
	. -	5,536 GR	
	NT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT	RECE!	VED	
SHOOT OR ACIDIZE		(NOTE: Report results of multiple completic	on or 2000
REPAIR WELL PULL OR ALTER CASING	JAN 16		
MULTIPLE COMPLETE			
CHANGE ZONES LA LA BANDON ZI P&A	BUREAU OF LAND		
(other)	FARMINGTON RES		
17. DESCRIBE PROPOSED OR COMPLETED OPEF including estimated date of starting any proposes measured and true vertical depths for all mark	TEACH WOLK, IT WHELLIS C	DILECTIONSHIA CHINGO, KIAS SOCIATIVACE ACCE.	nt dates, ions and
WELL DATA			
Spud 01/01/80 TD 1805' Hole Size	e 9 7/8" Csg:	16" @ 30' cmt'd w/20 11 3/4" @ 600' cmt'd w/33	
Experimental w/2 lateral open hole	e in Verde- Gallup	7 5/8" @ 1551' cmt'd w/33	35 sx
METHOD OF PLUGGING			
Remove rods, pump and tubing. Sq neat cmt. Fill 7 5/8" csg 1400-0 surface. Set marker. $\rho l_{\rm w} ce$ $c_{\rm e}$.	' w/9.5#/gal mu	ud. Set 100 sx neat cmt plu) sx ug to
Subsurface Safety Valve: Manu. and Type		Set @	FL
18. I hereby certify that the foregoing is true and c	orrect		
	┏Drlg_Supt.	DATE	
M N Hinds		office use) APTIO	
(inis sp.	ce to Federal or State o	I WE DAS AMENDED)
APPROVED BY TO CONDITIONS OF APPROVAL IF ANY:	TUN		
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		ADIVE AREA MANAGE	*
	\ DIST.	• • · · · · · · · · · · · · · · · · · ·	

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