

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, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1600' FSL; 945' FEL

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 078511

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Quinn9. WELL NO.
4 A

10. FIELD OR WILDCAT NAME

Basin Dakota/Blanco Mesaverde

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

Sec. 19, T-31N, R-8W, N.M.P.

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6484' KBRECEIVED
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
OCT - 3 1983OIL 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.)*

1. MIRUSU. Install BOP's and test.
2. Acidize DK perms w/1000 gallons 15% HCl acid and 5000 gallons 3% HCl acid.
3. Swab test DK.

3a. If test proves productive, resume production.

3b. If DK is unproductive, pull pipe, set cement retainer @7750' and squeeze w/60 cu.ft. Cl "B" cement.

4. Resume MV production

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 Operations Manager DATE September 26, 1983

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

*See Instructions on Reverse Side

NMOCG

SEP 30 1983
M. MILLERBACH
Acting AREA MANAGER