Budget Bureau No. 42–R1424

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: 1540' FNL & 1850' FEL (SW NE)
AT TOP PROD. INTERVAL: same as above
AT TOTAL DEPTH: same as above

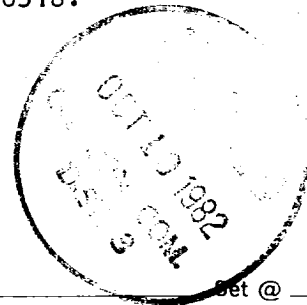|	
5. LEASE	SF 078212
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	McCord
9. WELL NO.	#7R
10. FIELD OR WILDCAT NAME	Basin-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 4, T30N, R13W, NMPM
12. COUNTY OR PARISH	San Juan
13. STATE	N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	5645' 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) Complete re-seeding and painting.

(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.)*

Location re-seeded with BLM seed mix #2 and above ground equipment

painted with Federal Standard Green, #595a-30318.

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

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

SIGNED _____ TITLE Field Oper. Manager DATE 9-27-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 17 1982

FARM. OFF. DIST.

BY _____

*See Instructions on Reverse Side

NMOCC