

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
Turner Production Company
3. ADDRESS OF OPERATOR (505) 334-2555
c/o A. R. Kendrick, Box 516, Aztec, NM 87410
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 980' FNL 1895' FWL Sec. 15
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	Spud, log, and run casing.	

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.)*

Spud 11:30 p.m. 10/1/88. Drilled 134' of 12 1/4" hole. Ran 115' of 24" 8 5/8" casing set at 127' cemented with 90 sacks (106 Cu. Ft.) class "B" plus 2% salt. Plug down @ 5:30 a.m. 10/2/88. Circulated 6 Bbls. of cement to surface. WOC.

Pressure tested surface casing - held 600 psi for 30 minutes. Drilled 7 7/8" hole to 3480' (Total Depth.) Ran Dual Induction - SFL, Litho-Density / Compensated Neutron, Litho-Density w/HRL, Natural Gamma Ray, Cyberlook, Digital Sonic Waveforms, and Coal Logs.

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

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

SIGNED A. R. Kendrick TITLE Agent DATE October 10, 1988

(This space for Federal or State office use)

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

WOC

*See Instructions on Reverse Side

5. LEASE
SF-078201-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAMED
MAIL ROOM

7. UNIT AGREEMENT NAME
88 OCT 12 AM 11:21

8. FARM OR LEASE NAME
Riddle-Flora
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Blanco-Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
C-15-T30N-R9W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6402' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

WOC

BY [Signature]