

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: 900'/South and 1735'/East lines
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:

SUBSEQUENT REPORT OF:

- | | |
|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> |
| (other) | |

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED (NOT)

AUG 31 1963

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

100-4363

CON. DIV.

DISL 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. MI & RU workover rig.
2. Release Baker Model R-3 Double-Grip Packer and POOH.
3. TIH with retrievable bridge plug and retrievable packer. Set RBP below Mesaverde. Pressure test bridge plug. Set retrievable packer above Mesaverde.
4. Squeeze Mesaverde perfs with 200 cu. ft. of Class "B" cement.
5. Drill out cement and test squeeze. If squeeze doesn't test then repeat Steps 4 and 5.
6. Retrieve bridge plug.
7. RIH with production tubing.
8. Swab well in if necessary.
9. RD & MO.

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 29, 1983

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11/11/19

DATE APPROVED

SFP 092 1983

R Bingham

M. MILLENDACH

~~Asst.~~ AREA MANAGER

*See Instructions on Reverse Side

NMOCC