

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
Baystar Petroleum
3. ADDRESS OF OPERATOR 17400 Dallas Parkway,
Suite 210, Dallas, TX 75252
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FWL & 1450 FSL, Sec. 36, T32N, R17E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
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:

- ☐
☒
☒
☐
☐
☐
☐
☐
☐
☐
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE Navajo -P- 14-20-600-3540	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Navajo -P-	
9. WELL NO. 19	
10. FIELD OR WILDCAT NAME Many Rocks (Gallop)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26, T32N, R17E	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5857'	

RECEIVED

MAY 16 1986

(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.)*

We perforated the Gallup Sand with 2 shots per foot from 1763, 1766, 1767, 1768. Swabbed the well down and acidized with 500 gallons of 15% HCL on 05/13/86. We plan to hydraulically fracture with 40,000# of 20/40 mesh sand with foamed KCL water and blow probably on 05/14/86.

Please file spud & csg reports by 6/13/86

RECEIVED

MAY 21 1986

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED William Jackson TITLE Engineer DATE MAY 14 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 17 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC