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í	May	1	96	3)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

ABANDON MENT*

State	K-458	

GE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICE (Do not use this form for proposal Use "APPLICAT	7. UNIT AGREEMENT NAME		
OIL GAS WELL OTHER 2. NAME OF OPERATOR		8. FARM OR LEASE NAME State	
Johney M Myers 3. ADDRISS OF OPERATOR 9C1 Zun1 Dr. Farmil 4. LOCATION OF WELL (Report location cle See also space 17 below.)	9. WELL NO. # 1 10. FIELD AND POOL, OR WILDCAT Wildcat		
Unit letter I 1980 lime sec.16 19N 6W		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12. COUNTY OR PARISH 13. STATE	
14. PERNIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	McKinley N.M.	
16. Check Ap	propriate Box To Indicate Nature of Notice, Report,	or Other Data BREQUENT REPORT OF:	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 17. DES RIBE 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.) *

X

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Well noncommercial

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

Cemented with plug from 2920' to 3020' to cover perforations 2938'to 3008' Cemented thru 2 3/8" tubing
Casing off @ 700' set 100' plug across stub
Cement plug @ 400' to 500' to protect water sand Cement plug 35' to surface Erected dry hole marker, Filled pits and cleaned location



8. I hereby certify that the foregoing is true and correct		PATE 9.4.1965
SIGNED In Imyers	TITLE OWNER	DATE
(Chis space for Federal or State office use)		
APPROVED BY	TITLE	DATE