

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 42-R122

5. LEASE DESIGNATION AND SERIAL NO.

NM 7264

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

S-10, T16N-R8W NMPM

12. COUNTY OR PARISH 13. STATE

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 "APPLICATION FOR PERMIT—" for such proposals.)1. ☒ OIL  
WELL ☐ GAS  
WELL ☐ OTHER

P &amp; A

2. NAME OF OPERATOR

Northern Minerals, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2182, Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FNL &amp; 660' FWL of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6766' G. L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

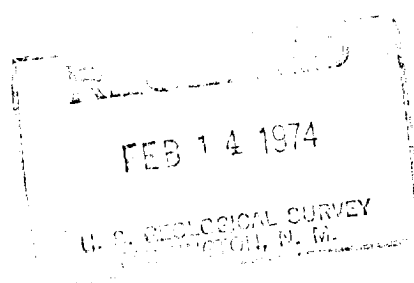
WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☒(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

This well was plugged and abandoned on August 31, 1973, in accordance with statements made on Form 9-331 dated 9-11-73.

A dry hole marker has been erected, the pits filled and the location restored.

The location is ready for inspection.



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

SIGNED Cliff HansenTITLE PresidentDATE 10-5-73

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_