

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1/24.

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT NO. 156

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICARILLA D

9. WELL NO.

1-X

10. FIELD AND POOL, OR WILDCAT

SO BLANCO PC

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

11-23N-2W

12. COUNTY OR PARISH 13. STATE

RIO ARriba

NEW MEXICO

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

DYNA RAY OIL AND GAS CO., INC.

3. ADDRESS OF OPERATOR

4101 E. Louisiana Avenue, Denver, Colorado, 80222

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

2540' from north line

2540' from east line

14. PERMIT NO.

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

7441 GR

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 ☐

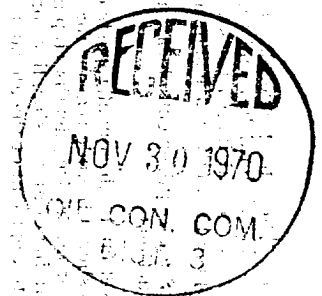
ABANDONMENT* ☒

(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.)*

Plugged and abandoned as follows:

1. Cut off 4 1/2" casing at 1210'. Pumped 40 sacks cement on top of 4 1/2" stub. Pulled casing.
2. Pumped 25 sacks cement into surface casing.
3. Erected dry hole marker.



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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side