

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McBee Federal

9. WELL NO.

7-1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec 7, R23N, R6W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

The Polumbus Petroleum Corp., A division of W. R. Grace

3. ADDRESS OF OPERATOR

3 Park Central, #200, 1515 Arapahoe St., Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1100 FNL, 1110 FWL, 7, T23N, R6W

14. PERMIT NO.

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

6896' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
☒

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)*

Based on an engineering evaluation of this area it was discovered that our present drilling plan was uneconomic. This has caused us to postpone the drilling of this well indefinitely. Evaluations are currently underway to develop a new program which will be economically feasible and adequately drain the reservoir. Your office will be notified of any changes in the status of this well.



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

SIGNED

[Signature]

TITLE

District Operations Manager

DATE

November 28, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side