

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry hole | | 5. LEASE DESIGNATION AND SERIAL NO. 87 003171-E | |
| 2. NAME OF OPERATOR J. I. Harvey | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 439 Camino del Monte Sol, Santa Fe, New Mexico | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1477/N & 174/W | | 8. FARM OR LEASE NAME Clyde B. Harvey | |
| 14. PERMIT NO. | | 9. WELL NO. 1-E-X | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6541 | | 10. FIELD AND POOL, OR WILDCAT | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-18N-3W | |
| | | 12. COUNTY OR PARISH Sandoval | 13. STATE N. M. |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | | | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(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.)*

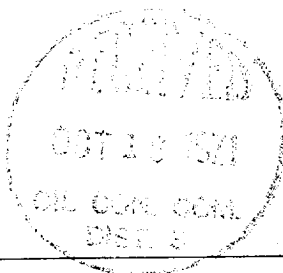
Well drilled to TD of 20'. Junked hole when surface pipe collapsed.

(Report for record purposes only)

RECEIVED

SEP 28 1965

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.



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

SIGNED _____ TITLE _____ DATE **Sept. 23, 1965**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECHARD B. KOHL
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side