

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>SF 078662</b>
2. NAME OF OPERATOR <b>Northwest Production Corp.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 1796, El Paso, Texas</b>		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  <b>660' FNL 1980' FEL</b>		8. FARM OR LEASE NAME <b>Sandoval 22-7</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6837' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Undesignated Gallup</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 35, T22N, R7W</b>
		12. COUNTY OR PARISH <b>Sandoval</b>
		13. STATE <b>N. M.</b>

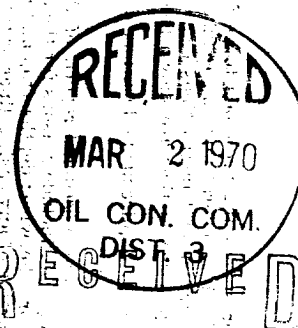
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>	
(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.)\*

Plugged and abandoned well as follows:

1. Spotted 25 sx cement plug 4600' to 4813'
2. Shot off 5 1/2" csg at 2234'
3. Spotted 35 sx plug 2250' to 2150'
4. Spotted 35 sx cement plug 700' to 800'
5. Placed 10 sx plug with marker in surface pipe



U.S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

SIGNED Original signed by A. A. Dugan TITLE Agent

DATE 2-26-70

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

*St.*