

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

BLM NM 57440

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

GOLA

9. API Well No.

1 (ONE)

10. Field and Pool, or Exploratory Area

**SOUTH SAN LOUIS -
MEAVEARDE OIL POOL**

11. County or Parish, State

**SANDOVAL COUNTY
NEW MEXICO**

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CHARLES M. GOAD Gola Oil Co.

3. Address and Telephone No.

991 PLAYER LOOP, RIO RANCHO, N.M. 87124, 1-505-892-9659

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**2310 FT. FNL, 1470 FT. EWL (SWSE NW)
SECTION 4, T17N/R3W NMM**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other **BOTTOM HOLE CLOSE
OFF**

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 OFF BOTTOM OF WELLBORE WITH 3 1/2 SACKS OF
CEMENT, ON OR AROUND NOV. 1ST, 1991.
BOTTOM OF WELLBORE IS NOW 310 FT. FROM TOP
OF CASING**

**RECEIVED
NOV 1 1991
OIL CON. DIV.
DIST. 3**

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

Signed **Charles M. Goad**

Title **OPERATOR**

Date **11/9/91**

(This space for Federal or State office use)

Approved by **Shirley Mondy**

Title **FOR**

NOV 12 1991

Conditions of approval, if any: