

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

12012

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fluid Power Pump Co.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Media Entrada

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

Sec 14-T19N-R3W, B&P

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Fluid Power Pump Company

3. ADDRESS OF OPERATOR

900 Bank of New Mexico Building, Albuquerque, New Mexico

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

1980' PSL, 330' PNL

14. PERMIT NO.

USGS 9-15-71

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

6825' GR, 6842' KB

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 ☐

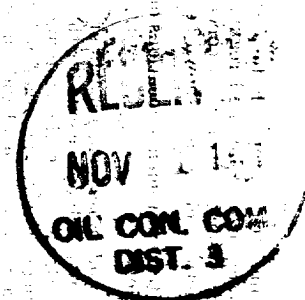
ABANDONMENT* ☐

Supplemental

(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 and 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.)*

Drilled to 5351' T.D. Ran 15 jts (601') of 7" 23# casing and 4739' of 7" 20# casing. Set at 5340' with 150 sx regular Class C Cement, 150 sx Diamix, 3 sx calcium chloride, 38# cello-flakes, 500 gallons mud sweep. Filled up 2000'.



RECEIVED

OCT 29 1971

U. S. GEOLOGICAL SURVEY
DURANGO, COLORADO

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

SIGNED

W. A. Krey

TITLE

Consulting Geologist

DATE

October 27, 1971

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting or casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1961 O-885229

947-485

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WELL LOGS AND REPORTS ON WELLS

Check appropriate box for type of operation performed on other than Federal or Indian land.

1. Name of well: _____

2. Location: _____

3. Date of operation: _____

4. Name of operator: _____

5. Name of Federal or State official: _____

6. Name of Federal or State office: _____

7. Name of local, area, or regional office: _____

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