

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 43-R1484.  
5. LEASE DESIGNATION AND SERIAL NO.

USA-NM 8222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tesoro Petroleum Corporation		8. FARM OR LEASE NAME Double Ought	
3. ADDRESS OF OPERATOR 408 First State Bank Bldg., Abilene, Texas 79602		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1695' FWL & 1045' FSL, Section 12 T22N R6W		10. FIELD AND POOL, OR WILDCAT Undesig. Gallup	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7074 KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12 T22N R6W	
		12. COUNTY OR PARISH Sandoval	13. STATE N. M.

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

## NOTICE OF INTENTION TO:

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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

Preparing to plug and abandon. Plan to shoot off and pull 4-1/2" casing at 2500 approx., spot cement plugs as follows: 15 sx 5250-5400; 15 sx 4300-4450; 15 sx 3310-3460; 40 sx 1840-1990; 40 sx 1390-1540; 40 sx 170-230, 15 sx in top of surface w/standard pipe marker; also 40 sx in and out of casing stub; total 220 sx. Hole to be filled with rotary mud between plugs. Well no longer commercial, making about 1-1/2 BOPD.

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

SIGNED

TITLE

Project Engineer

DATE

11 Dec. 73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side