FORM	9-331
(May	1963

1.

## UNITED STATES DEPARTM

SUBMIT IN TRIPLICATE® (Other instructions on re-

Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.

N.M. 12011
6. IF INDIAN, ALLOTTES OR TRIBE NAME

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	0010			,	

SUNDRY NOT	ICES AND	REPORTS	ON	WELLS
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(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.)

7. UNIT AGREEMENT NAME

OIL WELL WELL WELL WELL

8. FARM OR LEASE NAME #1 Federal San Luis

Suite 1912:1776. Lincoln Street Danver Colorado 80203

See also space 17 below. At surface

10. FIELD AND POOL, OR WILDCAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

1980' FNL 660' FWL

3 Tesoro Petroleum Corporation

Sec II T 18N R 3W

14. PERMIT NO

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

12. COUNTY OR PARISH 13. STATE

(Other)

- 6685' Gr.

Sandoval

16

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

NOTICE OF INTENTION TO:				SUBSEQUENT	QUENT REPORT OF:			
TEST WATER SHI F-OFF		PULL OR ALTER CASING			WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING	ABANDONMENT*	X	
REPAIR WELL		CHANGE PLANS	1	İ	(Other)			

(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 sones pertinent to this work.)\*

## Plugged and abandoned as follows:

Plug # 1 4700-4800 35 sacks Class "A" cement Plug #2 3700-3800 35 sacks Class "A" cement Plug #3 2550-2650 35 sacks Class "A" cement Plug #4 225- 275 18 sacks Class "A" cement

Plug # 5 10' to surface 10 sacks to surface.

9 5/8" O.D. casing set at 250'. Drilling mud left between plugs: Mud 9.0, Vis72

AN 26 1973

I. S. GEDEURIONE SOMVEY

18. I hereby certify that, the foregoing is true and correct TITLE Operations Manager (This space for Federal of State office use) APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

