Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6994

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☐ X OTHER Wildcat

8. FARM OR LEASE NAME

Federal #1-A

2. NAME OF OPERATOR

Theron J. Graves

9. WELL NO.

3. ADDRESS OF OPERATOR

761 South Miller, Farmington, New Mexico 87401

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

1450'/N 770/E Sec 18 T 18N R 4W

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

H Sec 18 T18NR4W

14. PERMIT NO.

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

GR 6618

12. COUNTY OR PARISH | 13. STATE

Sandoval | N.Mex.

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* X
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- WATER SHUT-OFF
- FRACTURE TREATMENT
- SHOOTING OR ACIDIZING
- (Other)

- REPAIRING WELL
- ALTERING CASING
- ABANDONMENT*

(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.)*

12-28-75 Spudded 8 3/4" hole, drilled to 112'.

12-29-75 Mud cushion from 112' to 25'
Plugged from 25' to 0 with 10 sacks of cement. Dry.

RECD JAN 1 OIL C. DIST.

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

SIGNED _____ TITLE __Owner__ DATE __1/13/76__

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side