

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bulletin No. 40-R1424

5. LEASE DESIGNATION AND SECTION NO.

NM-6682

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal B

9. WELL NO.

4

10. FIELD AND FORM OF WILDCAT

Undesignated Gallup

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

Sec. 34 T23N R7W

12. COUNTY OR PARISH 13. STATE

Sandoval

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RL, CG, etc.)

GR 6886

RECEIVED

OCT 14 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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)

PCLL OR ALTER CASINO

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASINO

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 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.)

9-9-82 Verbal approval for work received from Richard Bell with Minerals Management.

9-10-82 Set BP at 4588'. Determined hole at 3768' - 3783'.

9-11-82 Set packer at 3473'. Mixed 300 sacks Class H, 4# salt, 2% CaCl, yield 1.20.
Final squeeze pressure 1450#'s.

9-14-82

to

9-16-82 Drilled cement. Tested hole and it held. Removed RBP, swabbed well and placed back in production.



ACCEPTED FOR RECORD

OCT 19 1982

FARMINGTON DIST

BY

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

SIGNED John L. Classic

TITLE Office Manager

DATE 10/11/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOC