

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 25298A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 12

9. WELL NO.

1R

10. FIELD AND POOL, OR WILDCAT

Eagle Mesa

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

Sec. 12, T19N-R4W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Jordan Oil & Gas Co., c/o K&A Inc. Minerals Management

3. ADDRESS OF OPERATOR

P. O. Box 529, Evansville, Wyoming 82636

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

685' FSL, 330' FWL, Sec. 12, T19N-R4W

14. PERMIT NO.

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

6693' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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☐  
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Change Well Number

(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.)\*

Per request of New Mexico Oiland Gas Conservation Commission, the well number will be changed from Federal 12-1 to Federal 12-1R.

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

SIGNED \_\_\_\_\_

TITLE Manager

DATE 10-31-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE TENN Kase

DATE NOV 2 1978

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY

