well 🙀

below.)

(other)

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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 Form 9-331-C for such proposals.)

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

other

LEASE		
	NIM	201

NM	291	6A

	23.00				
6.	IF INDIAN, ALLOTTEE OR TRIBE NAMI				
	N/A				

7.	UNIT	AGREEMENT	NAME

/.	OINII	MONTENERI	I A CHAIR
		N/A	

8.	FARM O	R LEASE !	NAME			_
Ta	vler	29	(Form	erlv	#29-1	Ceia

9. WELL NO.

Pelon

Wildeat Galtup

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

29-21N-3W 12. COUNTY OR PARISH 13. STATE Sandoval N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 7032' GR

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

gas

well

AT SURFACE: 990' fs1, 990' fwl

AT TOP PROD. INTERVAL: Same

REPORT, OR OTHER DATA

Samuel Gary Oil Producer, Inc.

#4 Inverness Ct E., Englewood, CO

Same

RECEIVED

BUREAU OF LAND MANAGEME FARMINGTON RESOURCE

SEP 10 1983 change on Forth 3 10 0 13 0 1

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 subsurfactions and measured and true vertical depths for all markers and zones pertinent to this work.)*

Samuel Gary Oil Producer, Inc. hereby requests that the name of this well be changed from the #29-1 Ceja Pelon (as it was referred to by Lewis Energy, original operator) to the #29-13 Tayler.

Also, we propose to test this well for commercial production in the following manner:

Run a bottom hole pressure bomb, clean out and put on production using existing facilities.

____ Set @ __ _ _ Ft. Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct Operations Superintendent DATE . SIGNED (

(This space for Federal or State office use)

DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 23 1983

FARMINGIUM KESUUKUE AREA

p C

NMOCC