5 MMS, Fmn

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Form Approved. Budget Bureau No. 42-R1424

4/c

13. STATE

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DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5.	Lt.	A5	t.
N	4	14	970

9. WELL NO.

AREA

Sandoval

14. API NO.

6.	IF INDIAN,	ALLOTTEE	OR	TRIBE	NAME
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11. SEC., T., R., M., OR BLK. AND SURVEY OR

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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7. UNIT AGREEMENT NAME.

8. FARM OR LEASE NAME BR's Stars

10. FIELD OR WILDCAT NAME

Undesignated P.C.

Sec 8-T21N R3W

12. COUNTY OR PARISH

VAUNIS	NOTICES	AND	REPORTS	ON	WFILS
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(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.)

1.	oil well	gas well	XX	other		
		OPERA ODUCT		CORP.		

3. ADDRESS OF OPERATOR P 0 Box 208, Farmington, NM 87401

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1560' FNL - 800' FEL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

SUBSEQUENT	REPORT	OF:

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	* , ~, .				15 July 2

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.)*

Plan to plug and abandon as follows:

- Fill 2-7/8" O.D., 6.5#, 8 Rd, EUE "B" tubing for casing from PBTD 2335' to surface using 64 sx class "B" neat cement.
- Install permanent dry hole monument. 2.
- Fill all pits. 3.
- Clean well location of all equipment, pipe, junk, and trash.
- Restore surface per surface management agency guidelines.
- Remove tie-downs.

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Subsurface Safety Valve: Manu. and	d Type		Set	@		_ Ft.
18. I hereby of the the forest signed Shuman Shuman Sherman E.	ing is true and correct	DATE .	2-16-83			
-	(This space for Federal or State office use)			/4,14F	RD,	VED
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	_ DATE	· · · · · · · · · · · · · · · · · · ·	ASA	MEI	4BEC

*See Instructions on Reverse Side

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