

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.)

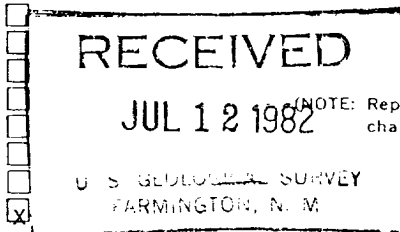
1. oil well ☒ gas well ☐ other ☐  
2. NAME OF OPERATOR  
Murray Drilling Company  
3. ADDRESS OF OPERATOR  
c/o P.O. Box 464, Santa Fe, NM 87501  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 775' FNL 648' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:



5. LEASE  
NM 14824  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Sandoval  
9. WELL NO.  
#1  
10. FIELD OR WILDCAT NAME  
Wildcat  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T20N R1W  
12. COUNTY OR PARISH 13. STATE  
Sandoval New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6937' GR

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.)\*

This hole has been abandoned in accordance with telephone conversation with Mr. Steve Mason on June 22, 1982, by placing a cement plug from 185' to 285' and from surface to 90'. Plugging was accomplished on June 26, 1982, placing 50 sacks of regular cement.

OCT 03 1984  
OIL CON. DIV..  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Thomas D. Chace TITLE Agent DATE June 26, 1982

(This space for Federal or State office use)

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

DATE APPROVED

\*See Instructions on Reverse Side

NMOCC

/s/ J. Stan McKee