

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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 "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u></p> <p>2. NAME OF OPERATOR <u>Davis Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>1230 Denver Club Building, Denver, Colorado 80202</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>NE/4 NE/4</u> <u>660 FNL - 660 FEL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 0555877-A</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Trading Post Federal</u></p> <p>9. WELL NO. <u>#1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Chaco Area WC.</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 35-23N-12W</u></p> <p>12. COUNTY OR PARISH <u>San Juan</u></p> <p>13. STATE <u>New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6227 GR - 6237 KB</u></p>	

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

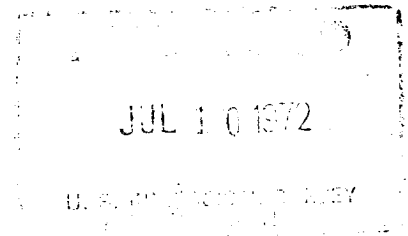
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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.)*

As per the verbal instructions of the U. S. G. S., the subject well has been plugged as follows:

- | | |
|----------------|--------|
| 1) 4480 - 4807 | 115 SX |
| 2) 3640 - 3740 | 35 SX |
| 3) 2475 - 2625 | 55 SX |
| 4) 450 - 550 | 35 SX |
| 5) 30 - 0 | 10 SX |

The location has been cleaned and leveled, pits backfilled and a regulation dry hole marker has been erected.



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

SIGNED [Signature] TITLE Chief Geologist DATE 6-28-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: