

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM=8901

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

El Norte Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

17-T21N-R8W

14. PERMIT NO.

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

6583 GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

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

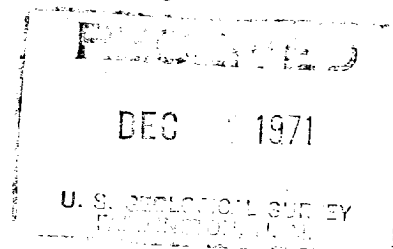
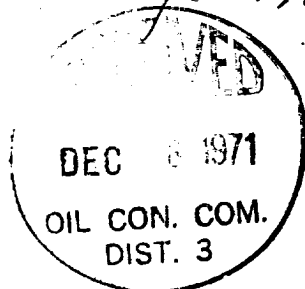
ALTERING CASING

ABANDONMENT*

☐
☐
☒
☐(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.)*

The perforations at 4652' to 4654' were squeezed with fifty sacks of cement. Top of the cement in the 51/2" casing is at approximately 4500'. The 51/2" casing is stuck at 900'. The 51/2" casing was perforated at 2300' with four holes to circulate the pipe free with no success. The 51/2" casing was perforated at 2265' to 2269' with sixteen holes and circulated with no success to free the pipe. The well is temporarily abandoned waiting development of the area.

operator Change From Davis O. I. Co.

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

SIGNED

A. J. Reams

TITLE

DATE

11-30-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side