

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Cont. #N00-C-14-20-3531

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Davis Oil Company</u>		8. FARM OR LEASE NAME <u>Roulette</u>	
3. ADDRESS OF OPERATOR <u>1230 Denver Club Building, Denver, Colorado 80202</u>		9. WELL NO. <u>#1</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>SW/4 SW/4</u> <u>660 FSL and 660 FWL</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6255 GR - 6261 KB</u>	
		12. COUNTY OR PARISH <u>San Juan</u>	
		13. STATE <u>New Mexico</u>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

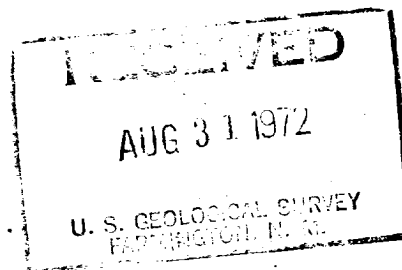
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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) 4175 - 4300	45 cubic feet
2) 2300 - 2450	50 cubic feet
3) 500 - 600	35 cubic feet
4) Surface	10 cubic feet

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 8-23-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____