Form	9-331					
(May	1963					

(May 1963)		JAILED SINI			netructions, o	Te -	Budget B		O. 42-R1424
(DEPARTM	IENT OF THE	INTERIO	R erte lo	1	1			
	G	EOLOGICAL SI	JRVEY	/ Kro	<u> </u>	$-\!\!\perp\!\! $	NM0555		
	UNIDDY MOTI	CEC AND DE	DODTS ON	WELLS	3 2 13 4		8. IF INDIAN, ALLO	TTEE OR	TRIBE NAME
5	UNDRY NOTI	CES AND RE	PORIS OF		reservoir_	A /			
(Do not use	Use "APPLICA"	TION FOR PERMIT-	" for such prope	osals.)	" CO	14	None		
1.	this form for propose Use "APPLICA"			1 011	CO 3		7. UNIT AGREEMEN	INAME	
0.0		Wildcat		1012	DIST. 3		None		
2. NAME OF OPERAT						-	8. FARM OR LEASE	NAME	
				ļ	Foshay				
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					—— -;	9. WELL NO.			
3. ADDRESS OF OPE			Nov. Mová	07/	0.1		1		
P.O. Box 255, Farmington, New Mexico 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POO	L, OR W	ILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)			1						
See also space 17 below.) 1980' fr N line, 660' fr W line, Section 9, Township 23 North, Range 13 West,			-	Wildcat 11. SEC., T., B., M., OR BLK. AND					
Secti	on 9, Towns	hip 23 Nor	th, Kang	je 13 W	est,	ŀ	SURVEY OR	LREA	
			V	I.M.P.M	•	1	co Too	N D	1 21/
						-	\$9, T23	PIGEL 12	1 3 W
14. PERMIT NO.		15. ELEVATIONS (Sh		r, GR, etc.)		1		l l	
		5936' Gr	•				San Juan		N.M
		propriate Box To	Indianta Nat	ura of Not	ice Report	or Ot	her Data		
16.	Check Ap	propriate box to	indicale Indi	016 01 1401			NT REPORT OF:		
	NOTICE OF INTEN	TION TO:			8	OBSEQUE	NT REPORT OF.		
TEST WATER S	HUT-OFF I	PULL OR ALTER CASIN	c \	WATER S	SHUT-OFF		REPAIR	NG WEL	r
FRACTURE TREA		MULTIPLE COMPLETE		FRACTUR	E TREATMENT	.	ALTERI	NG CASIN	rG
		ABANDON*		SHOOTIN	G OR ACIDIZIN	4G	ABANDO	NMENT*	
SHOOT OR ACID	·	CHANGE PLANS		(Other)					
REPAIR WELL) —— []	X	(NOTE: Report results of multiple completion on Well					
(Other)		numary (Clearly sta	te all nertinent (details, and o	ive pertinent	dates, i	ncluding estimated	date of	starting any
17. DESCRIBE PROPO proposed wor	SED OR COMPLETED OPE rk. If well is direction vork.) *	nally drilled, give s	bsurface location	as and measu	red and true	vertical	depths for all ma	rkers an	id zones perti-
	Onorato	ir broboses	to re=e	enter t	.empora	1 1 1 9	abandone	4 "	,
an ah	out August	15 1974	for purp	oses of	testi	ng tl	he follow	ing	zones:
01 45	1) 5790 to	5960' dep	h (Entr	ada Sar	ndstone)			
	2) 5040 +0	5230' dept	h (Morr	ison Fo	rmatio	n)			
	3) 3650 to	3200 dept	h (Gall	un Sanc	istone)	,			
	will be cle	annod out	to appro-	v 6000)' dri	llin	a out cem	ent	plugs
well.	ously set (2 4620 4021	.0 appro.	- 53501	and 56	50-5	800' mai	ntai	ning
previ	ously set of drilling of	d of ce.	, JZUU	- JJJU voidh+	to con	trol	nossible	wat	er flow
fresh	ı arııııng t	nua ot suti	ricient i	weight a will	ho cot	2 t	annroy 5	975	and
After	logging h	ole a brid	jing piu	y will	1 P 2 C C	a t h d s	uppion. J	helo	wan
zone	from 5790'	to 59/5' \	vili de '	tested	ะกรอนฐ	n ur	iii pipe	D 10	iill ha
open-	hole packer	r. After to	esting,	tne zor	ie, ir	HOH-	Productiv	e, W	OD Em /
plugg	ged with cer	ment from	5230-538	u'and	the se	cona	Zone (Mo	1115	UH (III.)

s. similiarly tested. After testing a drillable bridging plug will be set in the existing 8 5/8" csg. @ approx. 3785' and the casing will be perforated w/ 4 sh/ft. from 3650-3800'. After testing the well will either be produced or plugged and abandoned in accordance with the requirements of the lease and USGS.

		alled 1	
18. I hereby certify that the foregold is frue and correct	TITLE	Leases DATE Jul	ly 25 ,1974
(This space for Federal or State office use)		Service of the service	
APPROVED BY	TITLE	DATE	