Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.: SF 080715-A

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 ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME: None

2. NAME OF OPERATOR: DYNA RAY OIL AND GAS CO., INC.

8. FARM OR LEASE NAME: Hill Abraham

3. ADDRESS OF OPERATOR: 4101 E Louisiana, Denver, Colorado 80222

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface:
990' from south line
990' from west line

10. FIELD AND POOL, OR WILDCAT: South Blanco

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 24 SW¼ T24N-R2W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 7350 DF.

12. COUNTY OR PARISH: Rio Arriba

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☒	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(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 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.)*

Dyna Ray Oil and Gas will plug this well as soon as we are able to get the necessary equipment to the job. Will keep you advised.

RECEIVED
AUG 15 1969
OIL CON. COM.
DIST. 3

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

SIGNED H. R. Cheek TITLE Manager of Lands DATE 8-5-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 14 1969
U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

*See Instructions on Reverse Side