

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	11. SEC., T., R., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether OF, ST. OR, etc.)	12. COUNTY OR PARISH
	13. STATE

16. 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) _____			

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

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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.) *

10-12-87 MOL&RU. ND WH, NU BOP. TOO H w/99 jts. tbg & Baker pkr.
Removed pkr. TIH, tag @ 3284'. Pulled 2 stds & tied back.
SDFN.

10-13-87 Circ. 9# gel, pumped 30 sx bottom plug. TOO H. LD 1 1/4" tbg.
WOC. TIH & tag cmt @ 2615'. Shot 4 holes @ 175'. Circ. gel,
then spotted top cement plug, circulating out bradenhead.
Cut off wellhead. Set dry hole marker. RD.

RECEIVED
CLINICAL ROOM
JUN 07 -3 PM 2:15
WASHINGTON RESOURCE AREA
FARMINGTON NEW MEXICO

Approved as to plugging of
Liability under bond to
surface restoration is not

RECEIVED
OCT 20 1965
OIL CON. DIV.
DIST.

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

SIGNED Walter M. Miller TITLE Regulatory Affairs (DATE 09-30-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

***See Instructions on Reverse Side**