

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Joseph B. Gould
3. ADDRESS OF OPERATOR
2829 E. 2nd Ave. Suite 212 Denver, Colo.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330 FSL & 330 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Report of cement tops

5. LEASE
SF 079549
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Phillips
9. WELL NO.
1-32
10. FIELD OR WILDCAT NAME
West Lindrith Gallup/Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 32, T25N, R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7172 GL, 7185 KDB

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NOV 2

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

Cementing of the 4½" production casing was completed in two stages as previously reported. By use of bond log the top of cement on the first stage was at 5780'.

The top of cement on the second stage was found at 2018'.

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NOV 4 - 1981
OIL CON. COM.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R.D. Simmons TITLE Agent DATE 10-29-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

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NOV 2 1981

*See Instructions on Reverse Side

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BY SMH