

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Joseph B. Gould

3. ADDRESS OF OPERATOR
2829 E.2nd Ave. St.212, Denver, Co.80206

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' PSL & 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* ☐

(other) Report of pipeline connection

SUBSEQUENT REPORT OF:

RECEIVED
APR 26 1983
U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

5. LEASE
SF 079549

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Phillips 32 JUN 8 1983

9. WELL NO.
1-00 OIL CON. DIV. DIST. 3

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 13. STATE
Rio Arriba New Mexico

14. API NO.

ELEVATIONS (SHOW DF, KDB, AND WD)
7172' GR

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

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.)*

1. Operator plans to build a pipeline for sales of casinghead gas from the subject well to a point in the center of the SW/4 Sec. 32, T25N, R3W, Rio Arriba County, N.M..
2. The line will be 2 1/2" ID, tested to 5000 psig, coated, wrapped, and buried.
3. The attached map outlines the pipeline route, which is on the operator's R.O.W. and access road to the location. The pipeline will not leave the lease and will connect to the pipeline on a location site owned and operated by the Operator.

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

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

SIGNED James F. Smith TITLE Agent DATE 7-26-83

(This space for Federal or State office use)

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

James F. Smith
DISTRICT ENGINEER

NMOCC

*See Instructions on Reverse Side