

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

2. NAME OF OPERATOR
Joseph B. Gould

3. ADDRESS OF OPERATOR
C/O. R. Simmons Box 48 Farmington, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
340' FNL & 2280' FEL

5. LEASE DESIGNATION AND SERIAL NO.
SF-079549

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Phillips 32

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
W. Lindrith Gal. - Dak.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 32, T 25 N, R 3 W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

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14. PERMIT NO.
JAN 21 1986

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7339 KB

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

NOTICE OF ATTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Gas Pipeline Connection</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)*

The well was connected to gas pipeline on 12-22-85 and venting has ceased. Northwest Pipeline Corporation is the purchaser and El Paso is the transporter.

RECEIVED
JAN 24 1986
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Agent DATE 1-17-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

NMOCC