

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 05946
2. NAME OF OPERATOR TOM BELACK & BENSON-MONTIN-GREER Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PETROLEUM CENTER Bldg, FARMINGTON, N.M.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 ft FNL 1980 ft FEL Sec. 17 T24N R9W SAN JUAN Co. New Mexico		8. FARM OR LEASE NAME SCHWERDTFEGER
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. FIELD AND POOL, OR WILDCAT BIST
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17 T24N R9W NMPM
		12. COUNTY OR PARISH SAN JUAN
		13. STATE N.M.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 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.)*

This well has been plugged and ABANDONED AS follows:

2/3/69 Move in and rig up equipment
2/4/69 Squeezed of perfs 5264-5310 w/ 208x cement.
2/5/69 & 2/6/69 Cut casing off @ 224' & recover same
Spotted 50 sy plug from 2290' to 2000'
Spotted 30 sy plug from 1800' to 1600'
Spotted 30 sy plug from 900' to 1000'
2/7/69 Erect P/A MARKER w/ 108x Surface Plug



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

SIGNED **Larry A. Bedford** TITLE **AGENT to Operator** DATE **2/17/69**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

[Signature]

TITLE

RECEIVED
DATE

MAR 3 1969

*See Instructions on Reverse Side

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