

Form 5-331
(May 1968)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND INFORMATION

(Do not use this form for proposals to drill or complete a well in a Federal or State reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" form.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078477
2. NAME OF OPERATOR Gerome P. McLaugh		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 234, Farmington, N. M.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with instructions on back of form.) At surface		8. FARM OR LEASE NAME Nordhaus
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATION (Feet above sea level)		10. FIELD AND POOL, OR WILDCAT Ballard PC
16. Check Appropriate Box To Indicate Type of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T25N, R7W
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly indicate all work to be done, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give bearings, distances measured and true vertical depths for all markers and zones pertinent to this work.)		12. COUNTY OR PARISH Rio Arriba
		13. STATE N. M.

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	TEST WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
(Other)	☐	ALTERING CASING	☐
PULL OR ALTER CASING	☐	ABANDONMENT*	☐
MULTIPLE COMPLETION	☐		
ABANDON*	☐		
CHANGE PLANS	☐		

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly indicate all work to be done, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give bearings, distances measured and true vertical depths for all markers and zones pertinent to this work.)

18. I hereby certify that the foregoing is true and correct:
Original signed by T. A. Dugan
SIGNED: _____ DATE: _____
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

RECEIVED
JUN 20 1969

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.