

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03599

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

—

8. FARM OR LEASE NAME

Mexico Fed "J"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17-25N-SW

14. PERMIT NO.

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

6433' DF

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

1. Moved in and rigged up pipe pulling machine.
2. Pulled rods & tubing.
3. Squeezed 5-1/2" OD casing perfs. 6302-6321' with 75 sacks of cement.
4. Cut and pulled 5-1/2" OD casing from 3215'.
5. Spotted 75 sack cement plug in and out of 5-1/2" OD casing cut off point 3215'. Plug from 3059' to 3269'.
6. Spotted cement plugs at the following depths:
2689-2867' - 50 sacks - Mesa Verde
1841-2019' - 50 sacks - Pictured Cliff
1241-1357' - 40 sacks - Ojo Alamo
7. Placed 10 sack cement in top of 10-3/4" OD casing and installed 4" steel marker.
8. All intervals not cemented are filled with heavy mud laden fluid.
9. Plugging operations were completed on March 16, 1964.

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

SIGNED

(ORIGINAL)
(SIGNED) H. E. Aab

TITLE

Dist. Superintendent

DATE

April 1, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side