

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-B1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

100 031-55-A15000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Murchison

9. WELL NO.

red 12

10. FIELD AND POOL, OR WILDCAT

Dist 1 Del.

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

3-25N-12W

12. COUNTY OR PARISH 13. STATE

14. JUNE 15. NEW MEXICO

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Harvey L. Derry

3. ADDRESS OF OPERATOR

P. O. Box 261, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

660/5; 660/E

14. PERMIT NO.

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

6241 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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. Squeezed Gallup 25 8x plug 4890.

2. Shot off casing 1998.

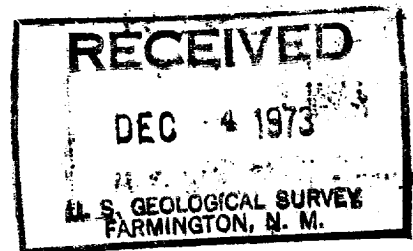
3. Spot 35 8x plug on stub 50 ft in 50 ft out.

4. Spot 35 8x at 1100 ft.

5. Spot 25 8x at base of surface casing.

6. Cut off surface 4 ft below ground level spot 10 8x plug.

7. Clean up location.



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

SIGNED

Harvey L. Derry

TITLE

Owner

DATE 11-30-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OK

TITLE

DATE

*See Instructions on Reverse Side