

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-011639

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grevey

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Ballard Pc

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

Sec. 19-T26N-R7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

CURTIS J. LITTLE

3. ADDRESS OF OPERATOR

P. O. Box 2487, Farmington, N.M. 87401

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

1830'FNL 1840'FEL

14. PERMIT NO.

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

6252'KB

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 ☐

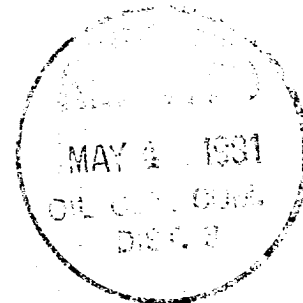
ALTERING CASING ☐

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.)*

Spud Four Corners Drilling Rig #5 at 10:00 AM 4-14-81. Ran 3 joints 7" 23# csg totaling 136' set at 142'KB w/85 sx. Circulated 2 bbls, plug back 1:15 pm. WOC 12 hours. Tested w/500 psi. Test OK.



APR 30 1981

APR 30 1981

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

SIGNED

CURTIS J. LITTLE

TITLE

Operator

DATE

4-28-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC