

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR  
R & G DRILLING COMPANY

3. ADDRESS OF OPERATOR C/o Walsh Engr. & Prod. Corp.  
P. O. Drawer 419 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990'FNL, 1090'FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

MAY 22 1985

(NOTE: Report results of multiple completion or zone change on Form 9-330.)  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

Well plugged and abandoned in the following manner:

1. Set 15 sack cement plug on top of bridge plug. (Bridge plug - 1965')
2. Set 35 sack cement plug from 1140' to 1428'. Top of cement at 1402'.
3. Set 50 sack cement plug from 700' to 1400'. Tag top of hard cement at 700'.
4. Squeeze between 9-5/8" and 5-1/2" casing with 45 sacks.
5. Set dry hole marker with 10 sacks cement.

Subsurface Safety Valve: Manu. and Type

FOR: R & G DRILLING COMPANY

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

ORIGINAL SIGNED BY

SIGNED EWELL N. WALSH

TITLE Walsh Engr. & Prod. Corp.

DATE 5/22/85

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC