

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 980FNL, 800FWL

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

NOV 19 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.)*

It is proposed to plug and abandon this well in the following manner:

1. Set 79 cu. ft. (67 sacks) cement plug from 1600' to 2186'.
2. Set 14 cu. ft. (12 sacks) cement plug from 1080' to 1180'.
3. Bradenhead squeeze with 36 cu. ft. (30 sacks) leaving 50 feet cement across 8-5/8" surface casing shoe.
4. Set 50 foot surface plug, 7 cu. ft. (6 sacks) in 5-1/2 inch casing and install dry hole marker.

Verbal approval received from Steve Mason, 11/14/85.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

FOR: R & G DRILLING COMPANY
18. I hereby certify that the foregoing is true and correct.

SIGNED EWELL N. WALSH TITLE Walsh Engr. & Prod.

DATE 11/15/85

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

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