

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-05791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Graham

9. WELL NO.

51-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

10- T27N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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.)

1. OIL ☐ WELL GAS ☒ WELL OTHER ☐

2. NAME OF OPERATOR

William C. Russell

3. ADDRESS OF OPERATOR

227 East 59th St. New York, New York 10022

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

1725 FEL - 1775 FSL

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JAN 4 1983

14. PERMIT NO.

15. ELEVATIONS (Show whether ☐ U.S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(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 perti-
nent to this work.)*

Sand (20-40)-Water (FR-26L) frac treatment

Sand - 120,000#

Water - 98,000 gals

No change in TD, casing, tubing or perforations

ISIP - 340#

(5-28-81)

RECEIVED

CL. DIV.
DIST. 3

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

SIGNED

TITLE

Operator

DATE 12-30-82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 04 1983

FARMINGTON

BY

*See Instructions on Reverse Side

NMOCC