

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., E., M., OR BLK. AND SURVEY OR AREA

10- T27N-R8W

12. COUNTY OR PARISH 13. STATE

San Juan

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 applicable regulations.
See also space 17 below.)
At surface

1725 FEL - 1775 FSL

RECEIVED

JAN 4 1983

14. PERMIT NO. 15. ELEVATIONS (Show whether or)
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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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.)*

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
OIL & GAS DIV.
DIST. 3

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

SIGNED William C. Russell 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 gva

*See Instructions on Reverse Side
NMOCC