

F

30-045-21940

11-25-75

F. Loc. 1820/S; 920/E Elev. 5989 GL Spd. \_\_\_\_\_ Comp. \_\_\_\_\_ TD \_\_\_\_\_ PB \_\_\_\_\_Casing S. \_\_\_\_\_ W. \_\_\_\_\_ Sx. Int. \_\_\_\_\_ W. \_\_\_\_\_ Sx. Pr. \_\_\_\_\_ W. \_\_\_\_\_ Sx. T. \_\_\_\_\_  
Csg. Perf. \_\_\_\_\_ Prod. Stim. \_\_\_\_\_T  
R  
A  
N  
S

I.P. \_\_\_\_\_ BO D \_\_\_\_\_ MCF D After \_\_\_\_\_ Hrs. \_\_\_\_\_ SICP \_\_\_\_\_ PSI After \_\_\_\_\_ Days GOR \_\_\_\_\_ Grav. \_\_\_\_\_ 1st Del. \_\_\_\_\_ s \_\_\_\_\_

TOPS		NITD	Well Log	TEST DATA						
Kirtland		C-103	Plat	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104	Electric Log							
Pictured Cliffs			C-122							
Cliff House		Ditr	Dfa							
Menefee		Datr	Dac							
Point Lookout										
Mancos										
Gallup										
Sanostee										
Greenhorn										
Dakota										
Morrison										
Entrada										

P  
O  
C  
WAW FT-PC Co. SJ S 8 T 26N R 12W U 1 Oper. Bedford, Inc.

Lse. Crab

No. 1

Crab #1

1-8-26N-12W

Bedford, Inc.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-030008

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

Crab

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

S8-T26N-R12W

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bedford, Inc.

3. ADDRESS OF OPERATOR

P.O. Box E, Farmington, New Mexico 87401

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

1820' fsl, 920' fel

14. PERMIT NO.

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

5989 Gr.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☒

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

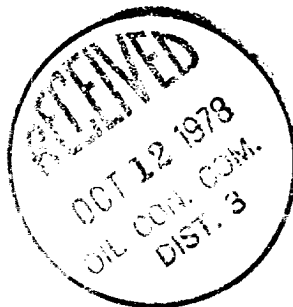
ABANDONMENT\*

☐  
☐  
☐  
☐

(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.)\*

This location was approved for drilling effective November 2, 1975, but will be abandoned in favor of a new location in the same quarter section.



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

SIGNED

*Samuel Bedford*

TITLE Owner

DATE Oct. 10, 1978

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

NMOCC