

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 ☐ gas ☒ other ☐
well well2. NAME OF OPERATOR
Bedford, Inc.3. ADDRESS OF OPERATOR
P.O. Box 255, Farmington, N.H. 07401

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

AT SURFACE: 1450 ft. fr. N & E lines
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) Commencement

SUBSEQUENT REPORT OF:

☒☐☐☐☐☐☐☐☐5. LEASE
SF 031100-A6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A7. UNIT AGREEMENT NAME
N/A8. FARM OR LEASE NAME
RAM9. WELL NO.
1-A10. FIELD OR WILDCAT NAME
WAW Fruitland-Pict. Cliffs11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T26N-R12W, N.M.P.M.12. COUNTY OR PARISH
San Juan13. STATE
N.M.14. API NO.
30-045-2333915. ELEVATIONS (SHOW DF, KDB, AND WD)
5966 Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Subject well spudded July 23rd, 8 a.m. Drilled 3 3/4" hole to 33 ft. Set one joint 7", 23#, J-55 surface casing to 33' with 6 sacks reg. cement brought to surface. Waited 12 hrs. for setting cement before drilling out with 4 3/4" bit. Surface casing tested OK. Estimated total depth 1280'.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED

W. R. Geer

TITLE

Agent

DATE

July 23, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

N/A