CON. DW.

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

ABANDON* (other) Spug well, run & set surf.

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

Dec. 1973	Budget Bureau No. 42-R142	
UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	NM 05791	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELL		
(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.)	8. FARM OR LEASE NAME	
1. oil gas well other	Graham	
	9. WELL NO.	
2. NAME OF OPERATOR	#96	
William C. Russell	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Also largo Chacra	
227 East 59th St., New York, NY 10022 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
below.)	Sec. 10, T27N, R8W	
AT SURFACE: 990' FSL & 915' FEL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: same	San Juan New Mexico	
AT TOTAL DEPTH: same	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT	TICE, 30-045-255-28	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	

NOV 10 (NOTE: Report results of multiple completion or zone BUREAU OF ON RESOUR Change on Form 9-330.)

BUREAU OF ON RESOUR 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.)*

RECET

1-2-83 Spud well on 1-2-83. Drilled 225 ft. of 124" surface hole. Ran 213 ft. of 8-5/8" 24#/ft. surface casing and set at 225 ft. RKB. Cement surface casing with 171 ft³ Class B cement with 2% CaCl₂. Circulated cement to surface. Plug down at 6:00 a.m. 1-2-83.

SUBSEQUENT REPORT OF:

csg.

Subsurface Safety Valve: Manu.	and Type	Set @ F	t.
18. I hereby/certify that the fore	egoing is frue and correct Office Agent		
SIGNED MAN A: MIC	Agent	DATE 11-16-83	_
	(This space for Federal or State o	ffice use)	_
APPROVED BY		DATE	_
CONDITIONS OF APPROVAL, IF ANY:	•	ACCEPTED FOR DEPORT	

*See Instructions on Reverse Side

Smm

NOV PORT