

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 ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
William C. Russell

3. ADDRESS OF OPERATOR
227 East 59th St., New York, NY 10022

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 915' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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* ☐

SUBSEQUENT REPORT OF:

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☐
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☐

(other) T.D. Well, run and set prod. csg.

RECEIVED
NOV 18 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE
RECEIVED
DEC 1 1983
CON. DIV.
DIST. 3

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.)*

1-7-83 T.D. 7-7/8" production hole at 3:00 p.m. on 1-7-83. Ran 3270 ft. of 4-1/2" 11.6#/ft.. production casing and set at 3280 ft. RKB. Cemented production casing with 1670 ft³ of 65/35 pozmix with 6% gel followed by 59 ft³ of Class B cement.

Circulate cement at the surface. Plug down at 1:00 a.m. 1-8-83.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kevin J. McLeod TITLE Agent DATE 11-18-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC