

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078079

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Scott 'E' Federal

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

W. Kutz Pictured Cliffs

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

25P T27N R11W

14. PERMIT NO.

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

6121' GR

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.) *

10-18-90 POOH w/ Model R pkr & 56 jts 2 3/8" tbg (1680'). Set cmt retainer @ 1680'KB, squeeze Pictured Cliff perfs 1695-1721'KB w/ 100 sxs Cl-B cmt. Tail w/ 41 sxs Cl-B cmt + 3% CaCl₂. Sting out of retainer & spot 30 sxs Cl-B cmt on top of retainer. WOC, RIH & tag cmt @ 1430'KB. Filled csg w/ 9.5#/gal mud (126# sodium bentonite and polymer) to 862'KB. Spot 40 sxs Cl-B cmt 862' to 610'.

10-19-90 RIH, tag cmt @ 610'. Perf 4 1/2" csg @ 150' w/ 4 holes. Fill csg w/ 9.5#/gal mud (105# sodium bentonite w/ polymer & barr) to 150'. Cmt w/ 102 sxs Cl-B, circ cmt to bradenhead valve. Top w/ 10 sxs Cl-B cmt. Installed dry hole marker. RDMO.

* Note: Rehabilitation of location will commence upon GCNM removal of meter equipment.

RECEIVED
OCT 23 1990
CL CON. DIV.
DIST. 3

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

SIGNED

Doris Moly

TITLE

Engineering Tech

DATE

10-23-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

*See Instructions on Reverse Side