

May 1963

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

6. LEASE DESIGNATION AND SERIAL NO.

SF 077382

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kutz H. Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 9, T27N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Crown Central Petroleum Corporation

3. ADDRESS OF OPERATOR

7100 E. Belleview Ave., Suite 300 Englewood, Colorado 80111

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

1830' FSL and 870' FWL of Sec. 9, T27N, R10W

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JUL 07 1986

14. PERMIT NO.

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

We propose to repair a suspected casing leak by squeeze cementing and then put the well back on production. We have received verbal approval to do this work from the BLM (Earl Becher) on July 1, 1986.

RECEIVED
JUL 29 1986
OIL CON. DIV.
DIST. 3

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

SIGNED B. G. Li Soney B. G. Li Soney TITLE Production Engineer

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUL 25 1986

*See Instructions on Reverse Side

AREA MANAGER