Form 9-331 Form Approved. Dec. 1975 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR Navajo Tr. I-89-Ind-57 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal 7. UNIT AGREEMENT NAME 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. 8. FARM OR LEASE NAME Table Mesa 1. 00 gas well X other well 9. WELL NO. 2. NAME OF OPERATOR 3 Starter 10. FIELD OR WILDCAT NAME John Staver Table Mesa Takota 3. ADDRESS OF OPERATOR Box 950, Virginia, Minnesota 55792 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) <u>Sec. 3, T27N, R17W</u> AT SURFACE: 1400' FNL & 1944' FEL AT TOP PROD. INTERVAL: 12. COUNTY OR PARISH: 13. STATE San Juan New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5327' GL REQUEST FOR APPROVAL TO: SUBSECUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE __ CHANGE ZONES ABANDON* (other) 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.)* The Table Mesa No. 3 well was plugged and abandoned November, 1977. T.D.=1328' Plug No. 1 T.D. (1328') to 1100' 700 APPROVED Plug No. 2 to 450' Surface 10' to 0 AS AMENDED Pits and location cleaned and restored. JAN 04 1985 J. Stan McKee MILLENBACH AREA MANAGER JAN 0 7 1985 OIL CON. DIV. Set @ _____Ft. Subsurface Safety Valve: Manu. and Type

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

SIGNED M. Sectinger

APPROVED BY

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

F--- 0 331

MNOCC

Agent

(This space for Federal or State office use)

TITLE ____

How

DIST. 3

___ DATE _

12/15/81