

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 Water disposal well

## 2. NAME OF OPERATOR

JOHN STAVER

3. ADDRESS OF OPERATOR % Pohlmann & Associates

Room 200, 3535 East 30th, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 625'FSL & 1980'FEL, sec. 34  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	

RECEIVED  
(NOTE)  
SEP 04 1986  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED  
(N)  
SEP 04 1986

(NOTE: Report results of multiple completion or zone 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.)\*

It is proposed to plug and abandon the well in the following manner:

1. Unseat tension packer and spot 15 sack cement plug from TD @1400 to 1280 to cover Dakota @ 1394-1400
2. Spot 10 sack plug from 500-600.
3. Spot 5 sack plug @ surface with regulation marker. 50'
4. Restore surface.

Note: 5½" csg set @ 1400' with 300 sacks circulated to surface.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Agent

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SEP 12 1986

OL. CON. DIV.

\*See Instructions on Reverse

NMDCA

## 5. LEASE

I-89-Ind-57

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo tribal

**7. UNIT AGREEMENT NAME**

8. FARM OR LEASE NAME  
Table Mesa

9. WELL NO.

23

10. FIELD OR WILDCAT NAME

Table Mesa Dakota

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

Sec. 34, T28N, R17W, NMPM

12. COUNTY OR PARISH	13. STATE
San Juan	NM

14. API NO.

**15. ELEVATIONS (SHOW DF, KDB, AND WD)**

5334CI