

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:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other)

SUBSEQUENT REPORT OF:

-
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-
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-
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-
-

RECEIVED

SEP 04 1986

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
 FARMINGTON RESOURCE AREA

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 San Juan 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5334GL

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. 5'
4. Restore surface.

Note: 5 1/2" 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 DATE 9-4-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 12 1986

OIL CON. DIV. DIST. 9

APPROVED

9-4-86

SEP 11 1986

[Signature]

FARMINGTON RESOURCE AREA

*See Instructions on Reverse