

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

ST-077978-6

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

none

8. FARM OR LEASE NAME **(Tennessee)**

USA Fullerton #1

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

SENE 34, 28N, 13W

12. COUNTY OR PARISH

San Juan

13. STATE

N Mex

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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER **(Gallup)**

2. NAME OF OPERATOR

Roy M Eidal

3. ADDRESS OF OPERATOR

Box 1299

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

At surface

1850' FNL, 1850' FNL (SENE) Sec 34, Twp 28N, R13W, SJ County N M

14. PERMIT NO.

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

GL 6011

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☒
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

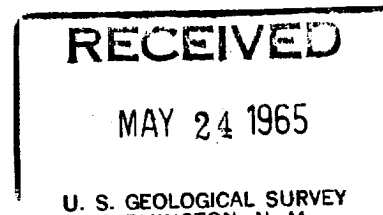
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Jet Perforate 2 shots per foot 5500' to 5575'; Frac treat with 30,000# Sand and 1000 Bbl Oil



Change name from "Tennessee USA Fullerton #1" to

"EIDAL Tennessee USA Fullerton #1"



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

SIGNED

H M Shillander

TITLE

Agent

DATE

5 21 65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

