

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

I-149-Ind-8470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallegos Canyon Unit

9. WELL NO.

129

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

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

Section 30, T28N, R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, OR, etc.)

5758' GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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.) *

12/18/84 MIRU Bedford Rig #1 on 12-18-84. RU Hot Oil Unit and circ hole with hot water. TOOH with rods and pump. Pulled 114 joints of tubing.

12/19/84 PU tubing to 5470'. Spotted 20 sacks (24 cu.ft.) of cement plug from 5470'-5210'. PU tubing to 1725', spotted 15 sacks (18 cu.ft.) cement plug at 1725'. TOOH with tubing. Perforated 4 squeeze holes at 250'. Pumped 83 sacks (100 cu.ft.) plug down casing.

12/20/84 Cut off casing. Installed dry hole marker. Rel rig on 12-20-84. Well Plugged and Abandoned.

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

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

SIGNED

Catherine J. Greysen

TITLE

Secretary

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AS AMENDED

DATE 12-21-84

DEC 26 1984

W. T. TAILORBACH
AREA MANAGER

*See Instructions on Reverse Side