

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

7m 09976

6. IF INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		S. E. Cha Cha	
Suburban Propane Gas Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		S. E. Cha Cha	
P.O. Drawer 1980 Farmington New Mexico		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		24	
Located 1920 Ft. from South line and 2120 ft. from East line Sec. 15 NW/4 Section 15, T-28N R-13W, N.M.P.H.		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		Gallup	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
6080 GL		Sec. 15, T-28N-R-13W N.M.P.H.	
		12. COUNTY OR PARISH	
		San Jaun	
		13. STATE	
		N.M.	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

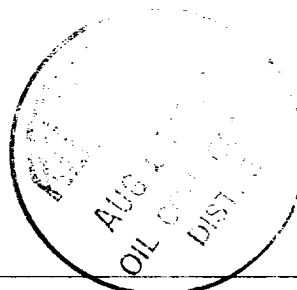
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

In order to increase production on the above well, we propose to workover this well as follows:

1. Move in pulling unit. Pull tubing and packer.
2. Set Bridge Plug at 5710.
3. Run Baker packer, and look for holes in casing.
4. After finding hole, Squeeze bad casing.
5. Drill out test casing, if okay drill out bridge plug clear out to T.D.
6. Run tubing with packer and acidize perf. swab test.
7. Pull packer, run production tubing, Pump and rods, and put back on production.



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

SIGNED Gerald L. Miller

TITLE Superintendent of Rockey-Mountain Area

DATE 8-9-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

AUG 10 1977

OK
9/15/77