12.00

Harry Stra

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 9-311-C for such proposals.)  1. oil gas well other 2. NAME OF OPERATOR Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR BOX 3280 Casper, WY 826C2 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL 780' FWL (NW/NW) AT TOTAL DEPTH: AT TOTAL DEPTH: TOTAL DEPTH: San Juan N Mexico 14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD FRACTURE TREAT SHOOT OR ACIDIZE FRACTURE TREAT SHOOT OR ACIDIZE FRACTURE TREAT SHOOT OR ACIDIZE PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE 20NES ABANDON*  BEOLOGICAL SURVEY  7. UNIT AGREEMENT NAME  Callegos Canyon Unit 8. FARM OR LEASE NAME  10. FIELD OR WILLDOAT NAME West Kutz Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T28N-R12W  12. COUNTY OR PARISH 13. STATE San Juan N Mexico 14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD 5792' GR  (NOTE: Report results of multiple completion or zon change on form 9-330.)  WILTIPLE COMPLETE CHANGE 20NES ABANDON*	1973	Budget Bureau No. 42-R1424
SUNDRY NOTICES AND REPORTS ON WELLS  On not use this form for proposels to drill or to deepen or plug back to a different exercor, use from 5-31-C for recipropages of the special proposels.  1. oil	UNITED STATES DEPARTMENT OF THE INTERIOR	
SUNDRY NOTICES AND REPORTS ON WELLS  On not use this form for proposals to differ to deepen or plug back to a different exercivit. Use from for proposals, by proposals, and the service of the the serv		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
REPORTO OR ACIDIZE REPAR WELL REPART CONTROL REPART WELL REPORT COMPLETED OPERATIONS  U. S. SECION STATE REPART WELL REPORT COMPLETED OPERATIONS  CONCOMPLETED OPERATIONS  REPORT OR OTHER DATA  REPOR	SUNDRY NOTICES AND REPORTS ON WELLS	
1. will will gas well other  2. NAME OF OPERATOR  Linergy Reserves Group, Inc.  3. ADDRESS of OPERATOR  BOX 3280 Casper, WY 826C2  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below).  AT SURFACE: 660' FILL 780' FW. (NW/NW) AT TOP PROD. INTERNAL BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROPAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF SHOOT OR ACIDIZE SHOW BOY.  REPORT REAL SHUT-OFF SHOW BOY.  BOX 3280 Casper, WY 826C2  10. FIELD OR WILDCAT NAME  West Kitz Pictured Cliffs  11. SEC., Tr. M., OR Bick, AND SURVEY OF AREA  12. COUNTY OR PARISH 13. STATE  Sec. 17, T28N-R12W  12. COUNTY OR PARISH 13. STATE  13. ELEVATIONS, (SHOW DF, KDB, AND WD  14. API NO. 15. SHOW DF, KDB, AND WD  15. ELEVATIONS, (SHOW DF, KDB, AND WD  16. TOWN BOY.  16. FRAME OF OPERATOR  17. T28N-R12W  17. T28N-R12W  18. LEVATIONS, (SHOW DF, KDB, AND WD  19. STATE SHOOT OR ACIDIZE  REPORT RELAY  19. WELL NO.  19. WELL NO.  19. FIELD OR WILDCAT NAME  West Kitz Pictured Cliffs  11. SEC., Tr. M., OR Bick, AND SURVEY OF AREA  12. COUNTY OR PARISH 13. STATE  13. STATE  14. API NO.  15. ELEVATIONS, (SHOW DF, KDB, AND WD  16. TARK SHOW DF, KDB, AND WD  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all partinent 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.)  Reclamation of the above referenced well location is complete and treating and true vertical depths for all markers and zones pertinent to this work.)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all partinent details, and give pertinent dates including estimated date of starting any propaged work, if well is directionally drilled.  18. Hereby certify thanyth folegoing is true and correct  19. CONTROLLED OF TARROLLED OF TARROLLED OF TARROLLED OF TARROLL	(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.)	
2. NAME OF OPERATOR  Energy Reserves Group, Inc.  3. ADDRESS OF OPERATOR  Box 3280 Casper, WY 826C2  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below).  AT SURFACE: 660' FNI 780' FWL (NM/NM)  AT TOP PROD. INTERVAL: AT TOTAL DEPTH: AT TOTAL DEPTH: TOTAL DEPTH: TEST WATER SHUT-OFF CHANGE ZONES  ABANDON' (Other)  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.)  Reclamation of the above referenced well location is complete.  APR 10 1331  10. FIELD OR WILDCAT NAME WEST KLTZ PICTURE CLIFFS  11. SEC., T., R. M., OR BLK, AND SURVEY OF AREA OF	1. oil gas 🔀	
Energy Reserves Group, Inc.  3. ADDRESS OF OPERATOR Box 3280 Casper, WY 826C2  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). AT SURFACE: 660' FNL 780' FWL (NW/NW) 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: 15. ELEVATIONS (SHOW DF. KDB, AND WD 5792' GR 345 5 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Well Well Other	
3. ADDRESS OF OPERATOR BOX 3280 Casper, WY 826C2  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL 780' FW. (NW/NW) AT TOP PROD. INTERVAL: AT TOTAL DETH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FRACTURE TREAT SHORT SHUT-OFF FRACTURE TREAT SHORT S		
BOX 3280 Casper, WY 826C2  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 660' FNL 780' FWL (NW/NW) AT TOP PROD. INTERVAL: AT TOTAL DEFTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDIZE REPARR WELL  PULL OR ACITIZE REPARR WELL  OR ACIDIZE REPARR WE		I
Delow.)  AT SURFACE: 660' ENL 780' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  12. COUNTY OR PARISH 13. STATE San Juan 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD FRACTURE TREAT SHOTO OR ACIDIZE CHARGE ZONES HOULTIPLE COMPLETE CHANGE ZONES HARDON's Colbert  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.)*  Reclamation of the above referenced well location is complete.  APR 10 1981  APR 10 1981  APR 10 1981  APR 20 1889  APR 20 1889  APROVAL IF ANY:  (This space for Federal or State office use)  NMOCC  NMOCC  NMOCC  APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  NMOCC  NMOCC  12. COUNTY OR PARISH 13. STATE San Juan 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD 5792' GR 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD 5792' GR 15. ELEVATIONS (SHOW DF, KDB, AND WD 5792' GR 16. APPROVAL IF ANY:  17. TEST WATER SHUT-OFF  18. I hereby certify than the folegoing is true and correct  SIGNED  APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  NMOCC  NMOCC  18. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD 5792' GR 16. APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  NMOCC  19. APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  CC T.C. Durham Farmington  NMOCC		11. SEC., T., R., M., OR BLK. AND SURVEY O
AT SURFACE: 660' FML 780' FWL (NW/NW) AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  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.)  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.)  Reclamation of the above referenced well location is complete and a ready for your inspection.  APR 10 1981  APR 10 1981  APR 20 1981  APR 3 1983  APROVED BY  (This space for Federal or State office use)  APPROVAL IF ANY.  Orig. + 6 cc. USGS Farmington  CC T.C. Durham Farmington  NMOCC  TILE  APPROVAL IF ANY.  ORIGINAL TRANSPORMENT OF THE CONTRACT OF THE CONTR		
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. CHECK APPROVAL TO:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. CHECK APPROVAL TO:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. CHECK APPROVAL TO:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  18. ELEVATIONS (SHOW DF, KDB, AND WD ST92) CREATED TO REPORT OF:  19. CHECK TO REPORT OF TO REPORT OF:  19. CHECK TO REPORT OF TO REPORT	AT SURFACE: 660' FNI. 780' FWI. (MW/MW)	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD FRACTURE TREAT)  REPACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING	AT TOP PROD. INTERVAL:	
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF TERACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE COMPLETE COMPLETE TO 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.)*  Reclamation of the above referenced well location is complete and all 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.)*  Reclamation of the above referenced well location is complete and all 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.)*  Reclamation of the above referenced well location is complete.  APPROVED BY  CON. COM.  DIST. 3  APPROVED BY  Consideration of the above referenced well societies and all give		
REQUEST FOR APPROVAL IF ANY:  Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  Title Field Serv. Admin. Date  Title Serv. Admin. Date  Title Field Serv. Admin. Date  Title Fi	· · · · · · · · · · · · · · · · · · ·	15. ELEVATIONS (SHOW DF, KDB, AND WD
TEST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDIZE  SHOOT OR ACI	REQUEST FOR APPROVAL TO: SUBSECUÉRAT REPORT OF	57921 GR (1957) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type  Reclamation of the above referenced well location is complete and ready for your inspection.  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folgoing is true and correct signed by the subsurface safety Valve: Manu. and Type  (This space for Federal or State office use)  (This space for Federal or State office use)  Approved by Conditions of Approval. If ANY:  Orig. + 6 cc. USGS Farmington  Orig. + 6 cc. USGS Farmington  CC T.C. Durham Farmington  NMOCC  (NOTE: Report results of multiple completion or zon heaves of multiple completion or zon heaves of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of multiple completion or zon heaves of Form 9-330.)  (NOTE: Report results of Form 9-330.)	TEST WATER SHUT-OFF  TEST WATER SHUT-OFF	
REPAIR WELL	ERACTURE TREAT	
PULL OR ALTER CASING MAIN 3 C 1000 change on form 3-330.)  MAR 3 C 1000 change on form 3-330.  MAR 3 C 1000 change on form 3-330.)  MAR 3 C 1000 change on form 3-300.  MAR 3 C 1000 change on form 3-330.  MAR 3 C 1000 change on form 3-300.  MAR 3 C 1000 change of form 3-300.  MAR 3 C 1000 change on form 3-300.  MAR 3 C 1000 chan		and the second of the second o
CHANGE ZONES  ABANDON* (cother)  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.)*  Reclamation of the above referenced well location is complete and any proposed work in the complete and any proposed work. If well is directionally drilled, give subsurface locations are measured and true vertical depths for all markers and zones pertinent to this work.)*  Reclamation of the above referenced well location is complete and any proposed work in the complete and any proposed work. If we have a subsurface safety Valve: Manu, and Type  Subsurface Safety Valve: Manu, and Type  TITLE The complete and correct an	BUIL OR ALTER CACING T	aharan ta'ran o cook
APROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  U. S. CSC Constant States of State 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.)*  Reclamation of the above referenced well location is complete and ready for your inspection.  APR 10 1981  APR 10 1981  ACCEPTED FOR RECOMD  TITLE  DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  NMOCC  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  NMOCC  NMOCC  NAME of the properties of the state office use)  Subsurface Safety State of the state office use)  Subsurface Safety State of the state office use)  Orig. + 6 cc. USGS Farmington  NMOCC  NMOCC  NMOCC  NAME of the state of the stat	MOETH LE COMPLETE	의 보기에서 보고 있는 지원 <mark>등 등 경우를</mark> 되는 것이 되었다. 그는 그를 가고 있다. 그를 가고 있다면 되었다. 그를 가고 있다면 되었다면 되었다. 그를 가고 있다면 되었다면 되었다. 그를 가고 있다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었
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.)*  Reclamation of the above referenced well location is complete and ready for your inspection.  AFR 10 1981  CON. COM.  DIST. 3  ACCEPTED FOR RECORD  TITLEFIELD Serv. Admin. DATE  3-24-81  APPROVED BY  Orig. + 6 cc. USGS Farmington CC T.C. Durham Farmington  NMOCC  NMOCC  OMMOCC  TITLEFIELD SERVED FOR RECORD  TITLE State office use)  BY  DATE  TOTAL STATE OF	ARANDONA	지하다.
Reclamation of the above referenced well location is complete and ready for your inspection.  Reclamation of the above referenced well location is complete and ready for your inspection.  AFR 10 1981  ONE OF APPROVED BY  CONDITIONS OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  ONE OF APPROVAL IF AN	(other) U. S. Cosco Control Francisco	
Reclamation of the above referenced well location is complete and ready for your inspection.  Reclamation of the above referenced well location is complete and ready for your inspection.  AFR 10 1981  ONE OF APPROVED BY  CONDITIONS OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  Orig. + 6 cc. USGS Farmington  ONE OF APPROVAL IF ANY:  ONE OF APPROVAL IF AN	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates
Reclamation of the above referenced well location is complete ready for your inspection.  APR 10 1981  ACCEPTED FOR RECORD  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLE  Orig. + 6 cc. USGS Farmington  or T.C. Durham Farmington  NMOCC  TITLE  NAME  TO 1981  APPROVED BY  Orig. + 6 cc. USGS Farmington  or T.C. Durham Farmington  NMOCC  TITLE  NAME  TO 1981  APPROVED BY  Orig. + 6 cc. USGS Farmington  or T.C. Durham Farmington  NMOCC  TITLE  ON A TO 1981  APPROVED BY  Orig. + 6 cc. USGS Farmington  or T.C. Durham Farmington  NMOCC  TITLE  NAME  TO 1981  TO	including estimated date of starting any proposed work. If well is di	rectionally drilled, give subsurface locations and
Reclamation of the above referenced well location is complete ready for your inspection.  APR 10 1981  CON. COM. DIST. 3  ACCEPTED FOR RECOMMENDED TO SET OF	measured and true vertical applies for all markers and zones pertinely	
Reclamation of the above referenced well location is complete ready for your inspection.  AFR 10 1981  CON. COM. DIST. 3  ACCEPTED FOR RECOMDINGS  Set @ FILE  INTLEFIELD Serv. Admin. DATE  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC  Origination of the above referenced well location is complete and originate and to the additional and the additi		
Subsurface Safety Valve: Manu. and Type  TITLE  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  cc T.C. Durham Farmington  NMOCC  Output Description of the property of the		7 2 6 6 6 6 6 6
Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  Title Space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC  ONE COM.  DIST. 3  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC		오픈 회중점 그는 그 사람들은 그 그 그 것이 없다고 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. Date  TITLEFIELD Serv. Admin. Date  TOTIC STATE OF THE SERVING TO STATE OF THE STATE OF THE SERVING TO STATE OF	ready for your inspection.	
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. Date  TITLEFIELD Serv. Admin. Date  TOTIC STATE OF THE SERVING TO STATE OF THE STATE OF THE SERVING TO STATE OF		9 6 9 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. DATE  TITLEFIELD Serv. Admin. DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  cc T.C. Durham Farmington  NMOCC  TITLE  DATE  TOTAL APPROVED  Set @ FIELD FOR RECORD		
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. DATE  TITLEFIELD Serv. Admin. DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  cc T.C. Durham Farmington  NMOCC  TITLE  DATE  TOTAL APPROVED  Set @ FIELD FOR RECORD	The Market of the Control of the Con	
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. DATE  TITLEFIELD Serv. Admin. DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  cc T.C. Durham Farmington  NMOCC  TITLE  DATE  TOTAL APPROVED  Set @ FIELD FOR RECORD	/ AFRIO	100: 200 00 00 00 00 00 00 00 00 00 00 00 00
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the folegoing is true and correct  SIGNED  TITLEFIELD Serv. Admin. DATE  TITLEFIELD Serv. Admin. DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington  cc T.C. Durham Farmington  NMOCC  TITLE  DATE  TOTAL APPROVED  Set @ FIELD FOR RECORD	1 Off man	
Set @ File of the state of the	The sold of	ADM. I HERET So BERG
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC  ORIGINATION DISTRICT  ONIG. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC  APR 9 1981  APR 9 198	•	្ត ស្រួកស៊ីទើសិត្ត សម្រេសពីស្រាញ 🐫 🗦
APPROVED BY		
APPROVED BY		APR 3 1981
APPROVED BY	SIGNED TITLEFIELD SERV. Add	min. date $\frac{3-24-81}{2}$
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington  NMOCC  OATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(This space for Federal or State office	ce use) RV AST THE RESERVE OF THE RE
Orig. + 6 cc. USGS Farmington cc T.C. Durham Farmington NMOCC		DATE 2740
cc T.C. Durham Farmington NMOCC TEST TO SEE TO SEE THE SEE	CONDITIONS OF APPROVAL, IF ANY:	Medical Control of the Control of th
cc T.C. Durham Farmington NIVIUUU 의한 및 현등 및 현등 및 현등 및 현등 및 현등 및 현등 및 한 교육 및	Orig. + 6 cc. USGS Farmington	
	cc T.C. Durham Farmington NIVIUU	U 33 55 55 5