

(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: 660' FSL & 1980' FWL 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	X <input type="checkbox"/>

SUBSEQUENT REPORT OF:

RECEIVED
SEP 04 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
SEP 04 1986

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

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 @ 1415 to 1300' to cover Dakota form @ 1410-1415.
2. Spot 10 cement plug from 500 to 600'.
3. Spot 5 sack plug @ surface with regulation marker. 50'
4. Restore surface.

Note: 5½" 14# csg set @ 1410 with 300 sacks circulated to surface
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED M. Tuckers TITLE Agent DATE 9-4-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE SECRET DATE 10-1-68

SEP 12 1986

***See Instructions on Reverse Side**

NMOCC

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.

22

10. FIELD OR WILDCAT NAME

Table Mesa Dakota

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

Sec. 34, T 28N, R17W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

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