TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

OIL GAS WELL OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Box 234 Farmington, Now Musico	9. WILL NO.
 LOCATION OF WELL (Report location clearly and in accordance with any State See also space 17 below.) At surface 	requirements.* 10. FIELD AND POOL, OR WILDCAT
560' PSL 595 PML Sec. 26, 7298, RL5W	11. SEC., T., B., M., OR BLE, AND SURVEY OR ABDA
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, O	Sen. Sten. 13. STATE Sen. Sten. 13. STATE Sen. Sten.

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

WATER SHUT-OFF

(Other) _

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Squeeze perf. A588-4625 with 10 mx comment.

PULL OR ALTER CASING

MULTIPLE COMPLETE

Shugtoff casing at free point.

ABANDON*

CHANGE PLANS

- Spot 15 am plug fifty feet in esg stab 50' out esg.
- Spot 30 am plug 550 950.
- Fill bole with fluid.
- Place 5 am plug top surface eng.
- Breet dry hole marker.

JUL 1 3 1964 OIL CON. COM DIST. 3

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

JUL 10 1964 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

SIGNED SIGNED TITLE	DATE 7-30-64
(This space for Federal or State ffice use)	
APPROVED BYTITLE	DATE