

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(See instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-01424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077865

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SOUTHERN UNION PRODUCTION COMPANY	8. FARM OR LEASE NAME ALBRIGHT
3. ADDRESS OF OPERATOR P. O. Box 808, Farmington, New Mexico 87401	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FT. FROM NORTH LINE AND 890 FT. FROM WEST LINE	10. FIELD AND POOL, OR WILDCAT AZTEC PICTURED CLIFFS
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-29N, R-10W, NPM, SAN JUAN
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5675 DF	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:

SUBSEQUENT REPORT OF:

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

(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.)*

1. RIGGED UP PULLING UNIT JANUARY 21, 1971. PULLED 2031 FT. OF 1", 1.7# TUBING. REMOVED 1" JET NIPPLES FROM TUBING STRING AT 1700 FT. AND 1500 FT. R.K.B.
2. RERAN 1", 1.7# TUBING. LANDED AT 2073 FT. R.K.B.
3. COMPLETED REPAIR JANUARY 21, 1971.



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

SIGNED GILBERT D. NOLAND, JR. TITLE DRILLING SUPERINTENDENT DATE FEBRUARY 9, 1971
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: