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Form 9-331
Sec. 1079BUREAU OF LAND MANAGEMENT
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved
Budget Bureau No. 48-R1424

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 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

2. NAME OF OPERATOR

Raymond T. Duncan

3. ADDRESS OF OPERATOR

1777 S. Harrison St., P-1, Denver, CO 80210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2466' FNL & 2310' FEL
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐

SUBSEQUENT REPORT OF:

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

5. LEASE

14-20-0603-9591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback /

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

North Hogback Shickrock Oak

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

G SW NE Sec. 1-T29N-R17W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

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

4981' GR

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.)*

Subject well to be P&A'd as follows:

1. Pull rods and tubing.
2. Pump 10 sx plug down casing. Displace to bottom of hole - interval 675'-555'.
3. Pump 5 sx plug - interval 60' to surface.
4. Dig down and cut-off casing 4' below ground level.
5. Weld plate on top of casing.
6. Clean and restore location per BLM requirements.

Casing will be cut-off below ground level because well is in cultivated area. Work would be performed in late fall to minimize impact on crops and land. Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED John A. Bettridge TITLE Operations Supt. DATE May 16, 1985

(This space for Federal or State office use)

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

APPROVED	
MAY 29 1985	
AREA MANAGER FARMINGTON RESOURCE AREA	

NMOCG