MAY 2 4 1985

Form 9-331 Dec. 1973

FRACTURE TREAT

ABANDON*

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

BUREAU OF LAND MANAGEMENT FARMINGTON PESCHERE AREA UNITED STATES

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	14-20-0603-9591 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal 7. UNIT AGREEMENT 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 Form 9-331-C for such proposals.)			
1. oil gas well other	8. FARM OR LEASE NAME North Hogback 9. WELL NO.		
2. NAME OF OPERATOR Raymond T. Duncan	1-8 10. FIELD OR WILDCAT NAME		
 3. ADDRESS OF OPERATOR 1777 S. Harrison St.P-1.Denver, CO 80210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	North Hogback Stechnock No. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA K NE SW Sec. 1-T29N-R17W		
AT SURFACE: 2310' FSL & 2310' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIÓNS (SHOW DF, KDB, AND WD) 4977' GR		
TEST WATER SHUT-OFF			

5. LEASE

RECEIVED

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

MAY 2 () 19 8 ge on Form 9-330.)

(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.)*

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

- Pull rods and tubing.
- Pump 10 sx plug down casing. Displace to bottom of hole interval 686'-566'.
- 3. Pump 5 sx plug interval 60' to surface.
- Dig down and cut-off casing 4' below ground level 4.
- 5. Weld plate on top of casing.

Clean and restore location per BLM requirements.

MAY 31 1985 CH CON. DW

(NOTE: Report results of multiple completion or zone

Casing will be cut-off be	ow ground level because well	is in cultivated area.
Work would be performed in	late fall to minimize impac	t on crops and land.
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Work would be performed in Subsurface Safety Valve: Manu. and Typ	n late fall to minimize	impact	on crops and land. Ft.
18. I hereby certify that the foregoing is signed A Bettridge	true and correct	DATE	APPROVED May 16, 1985
/ Spini A. Bettingger	(This space for Federal or State office	use)	
APPROVED BY	TITLE	DATE	MAY 2 9 1985
	NMOCC		FARMAGION TO CONCE ANDA

See Instructions on Reverse Side