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Form 9-331 044, 1973 BUREAU OF LAND MANAGEMENT FARMINGTON PESOURCE AREA

Form Approved, Budget Bureau No. 48-R1484

FARMINGTON RESOURCE AREA

5. LEASE

14-20-0603-9591

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	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 difference reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil 😡 gas 🗀	North Hogback /
well X well other	9. WELL NO.
2. NAME OF OPERATOR	Ar-9
Raymond T. Duncan	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	North Hogback Suchrock Nak
1777 S. Harrison St.P-1, Denver, CO 80210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 1	11. SEC., T., R., M., OR BLK. AND SURVEY OR
below.)	H SE NE Sec. 1-T29N-R17W
AT SURFACE: 1800' FNL & 800' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4993' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4773 GR
TEST WATER SHUT-OFF	
<u> </u>	CELVED
SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL REPAIR WELL REPAIR OR ALTER CASING	
PULL OR ALTER CASING	MAY 2 0 1985 on Form 9-330.)
CHANGE ZONES	
FARMING L	OF LAND MANAGEMENT TON RESOURCE AREA
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s including estimated date of starting any proposed work. If well i measured and true vertical depths for all markers and zones perti	state all pertinent details, and give pertinent dates, s directionally drilled, give subsurface locations and nent to this work.)*
Subject well to be P&A'd as follows:	
 Pull rods and tubing. 	
 Pump 10 sx plug down casing. Displated 693'-573'. 	ace to bottom of hole - interval
3. Pump 5 sx plug - interval 60' to sur	in the second of
4. Dig down and cut-off casing 4' below	w ground level, was ground 1985
5. Weld plate on top of casing.	GOIGON, PIV
6. Clean and restore location per BLM 1	The state of the s
Casing will be cut-off below ground level bed Work would be performed in late fall to minim Subsurface Safety Valve: Manu. and Type	cause well is in cultivated area. mize impact on erest and land. Ft.
18. I hereby certify that the foregoing is true and correct	APPROVED
SIGNED John A. Bettridge TITLE Operations	Supt. DATE May 16, 1985
(This space for Federal or State	office use)
APPROVED BYTITLE	MAY 2 9 1985
CONDITIONS OF APPROVAL, IF ANY:	John Kella
	TA- AREA MANAGER

*See Instructions on Reverse Side