

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ well gas ☐ well other ☒ Dry Hole
2. NAME OF OPERATOR
WALTER DUNCAN
3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2450' FNL - 330' 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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DEC 20 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
14-20-603-9591
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
North Hogback 1
9. WELL NO.
16
10. FIELD OR WILDCAT NAME
Slickrock Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 1 T29N R17W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)*

Plugged and abandoned well as follows:

1. Pumped 15 sx cement from TD to 574' on 12-27-82.
2. Dug down and cut off 7-5/8" surface casing and 4 1/2" casing 3' below ground level and placed 5 sx cement plug.
3. No dry hole marker - location restored for farming.

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JAN 22 1985

OIL CON. DIV
DIST. Ft.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Jim L. Jacobs TITLE Geologist DATE 12-29-82

(This space for Federal or State office use)

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

**APPROVED
AS AMENDED**

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

Instructions on Reverse Side

NMOCC

JAN 15 1985

/s/ J. Stan McKee
M. MILLENBACH
AREA MANAGER