

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SP-047017 (a)
2. NAME OF OPERATOR Southern Union Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 508, Farmington, Mo. Mexico 67-01		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1505 ft. from the south line & 1010 ft. from the east line.		8. FARM OR LEASE NAME Summit
14. PERMIT NO.		9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2015 ft. Ungraded Ground Level		10. FIELD AND POOL, OR WILDCAT Palcher-Kutz
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 34, T-40N, R-11E
		12. COUNTY OR PARISH San Juan
		13. STATE Mo. 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 checked="" type="checkbox"/>	REPAIRING WELL <input 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) <u>Drilling</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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. Drilled 12-1/4" surface hole at 1100 P.M., 9-14-74. Drilled to T.O. of 14" ft.
2. Ran 1 joint of 7-1/8", 9.0 casing (14" ft.).
3. Cemented casing with 45 sacks cement. Plug down at 1100 a.m. 9-15-74. Cemented circulated to surface.
4. Pressure tested casing to 500 psi for 10 minutes. Test OK.

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

Original signed by
SIGNED Don R. Collier TITLE Office Manager DATE Sept. 19, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: