

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 ☐
2. NAME OF OPERATOR
John F. Staver dba Saguaro Oil Company
3. ADDRESS OF OPERATOR
P. O. Box 51, Farmington, N. M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (other) <input type="checkbox"/> | <input type="checkbox"/> |

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.)*

Propose to set plug and abandon, May 3, 1975

Top Dakota 1357

Top Gallup 493

Total Depth 1399

Set cement plug 1399' to 1150'

Set cement plug 450' to 700'

Set cement plug 0' to 10'

(Clean location and erect dry hole marker)

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE *Pres.* DATE *10-4-77*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE <i>N00-C-14-20-5114</i>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Navajo Tribe</i>	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <i>Duncan Navajo</i>	
9. WELL NO. <i>3</i>	
10. FIELD OR WILDCAT NAME <i>Wildcat</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 35, T29N, R27W</i>	
12. COUNTY OR PARISH <i>San Juan</i>	13. STATE <i>N. M.</i>
14. API NO. <i>Approved 4-20-75</i>	
15. ELEVATIONS (SHOW DE KDB, AND WD) <i>5256 Gr.</i>	

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

