

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-21494.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078762

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ROSA UNIT

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SW/4 SE/4

11-31N-5W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

DYNA RAY OIL & GAS CO., INC.

3. ADDRESS OF OPERATOR

4101 E. Louisiana Avenue, Denver, Colorado 80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1060 1180' from south line
1850' from east line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6608 Ground Floor

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Temporarily Abandoned

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

EXPANDING WELL

ALTERING CASING

ABANDONMENT*

(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 names pertinent to this work.)*

According to El Paso Natural Gas Co. this well will be connected to El Paso's line within the next 60 to 90 days.

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

SIGNED

TITLE Asst. Secretary-Treasurer

DATE 01/25/72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side