

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-077281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Clinton Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 2434, Casper, Wyoming 82601

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

1720' FSL and 770' FWL, Sec. 10, T30N, R16W

14. PERMIT NO.

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

5435' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NE Hogback Unit

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 10, T30N, R16W

12. COUNTY OR PARISH 13. STATE

San Juan

N. Mex.

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) Return to Production

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING 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 zones pertinent to this work.)*

This is to advise you that as soon as equipment can be obtained we plan to return subject well to production to test.

NOV 8 1974

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

SIGNED

TITLE

Rocky Mountain District

Production Manager

DATE November 4, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side