

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-604-86</u> |
| 2. NAME OF OPERATOR <u>S & B Drilling Co.</u> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Ute Mountain Tribe</u> |
| 3. ADDRESS OF OPERATOR <u>158 Petroleum Center Bldg Farmington, N.M.</u> | | 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 <u>660 fsc 1780 fwc Sec 20 T31N R15W</u> <u>SAN JUAN Co. New Mexico</u> | | 8. FARM OR LEASE NAME <u>SW. BARKER Dome</u> |
| 14. PERMIT NO. | | 9. WELL NO. <u>3</u> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT <u>Verde Group</u> |
| | | 11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA <u>Sec 20 T31N R15W</u> <u>N.M.P.M.</u> |
| | | 12. COUNTY OR PARISH <u>SAN JUAN</u> |
| | | 13. STATE <u>New Mexico</u> |

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 checked="" type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input checked="" type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input 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.)

We propose to plug & ABANDON this well in the following MANNER:

1. Place 145 ft. Cement Plug from 1730 to 1875
2. Cut off & Recover 5 1/2" Csg @ Approx 800'
3. Place cement plug from 760 to 970 Across cut off Stubs and upper Perfr.
4. Place cement Plug Across Surface Csg Shoe 105 to 155
5. Erect PdA. Marker w/ 108x Surface Plug

Date of Last Production July 1962

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

SIGNED

TITLE

Agent for Operator

DATE

May 16, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 12 1966

*See Instructions on Reverse Side

