

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR W. N. Callaway	3. ADDRESS OF OPERATOR 101-2 Petroleum Plaza Bldg., Farmington, N.M. 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1810' FSL, 620' FEL
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5847' GR		

5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-82	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Indian	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Ute Indian B	9. WELL NO. 6	10. FIELD AND POOL, OR WILDCAT Verde Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T31N, R14W	12. COUNTY OR PARISH San Juan	13. STATE N.M.
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

Set 20 sx. plug T.D. into 4½" csg. @ 2455'
Shoot 4½" csg. @ 1280'
Pull 4½" csg.
Set 20 sx. plug 1330' to 1230'
Set 30 sx. plug 800' to 900'
Set 20 sx. plug across surface csg. bottom
Set 10 sx. plug @ surface & erect marker.



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

SIGNED W. N. Callaway TITLE Operator

DATE Apr. 23, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side