

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 E

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

Sec. 17, T31N, R14E

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
W. M. GALLAWAY
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
1900' FNL and 1770' PFL

14. PERMIT NO.

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

5950' GR

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

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.)*

Set 30 sx. plug I.D. to 2370' in 5 1/2" csg.

Shoot 5 1/2" csg. to 1220'.

Set 24 sx. plug 1170' to 1270'.

Set 31 sx. plug 750' to 850'.

Set 20 sx. plug to bottom of surface csg.

Set 10 sx. plug to surface and erect marker.

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

SIGNED

W. M. Gallaway

TITLE

Operator

DATE

10-23-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side