DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

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.)

Form approved. Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: SF-078184

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Carnahan

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 10, T-29-N, R-10-W, N.M.P.M.

12. COUNTY OR PARISH: San Juan

13. STATE: New Mexico

1. OIL WELL ☐ GAS WELL ☑ OTHER

2. NAME OF OPERATOR: Intec Oil & Gas Company

3. ADDRESS OF OPERATOR: Pioneer Bldg., Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.): At surface: 1180 FSL & 1170 FWL, Sec. 10, T-29-N, R-10-W

14. PERMIT NO.: 5-10-69-10

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5700' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Spud Report	☑		

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

8-8-69 Ran 3 jts 8 5/8" set 155' cmt w/75 sks class c 2% cc. Tested csg 1000# - ok. Plug down @ 8:00 A.M.

RECEIVED
AUG 21 1969
OIL CON. COM.
DIST. 3

RECEIVED
AUG 20 1969
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

SIGNED: [illegible] TITLE: District Superintendent DATE: August 18, 1969

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: