

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

MOO-C-1420-1722

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

Glenn A. Dow

Minerals Management Inc.-Clinton Oil Co.-T. Keith Marks

3. ADDRESS OF OPERATOR

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

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

900 FSL, 2100 FWL, SEC. 25, T31N, R15W

Ute Mountain Ute
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Ute 25

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

SEC. 25, T31N, R15W

14. PERMIT NO.

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

5460 DF

12. COUNTY OR PARISH

San Juan

13. STATE
N.M.

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) Well operations

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.) *

8-4-75 Present operation-Shut in. Well last produced 4-26-75-no production
Wait on evaluation of Federal Ute 35 Well No. 1.

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

SIGNED

J. Arnold

Area Manager

TITLE Minerals Management Inc. DATE 8-4-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: