

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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"/>		5. LEASE DESIGNATION AND SERIAL NO. M00-C-1420-1716
2. NAME OF OPERATOR R. L. Burns Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR 3990 First National Bank Building, Dallas, Texas 75202		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  920' FWL & 2010' FSL, Sec. 18, T31N, R14W		8. FARM OR LEASE NAME Ute Mountain Tribe
14. PERMIT NO.		9. WELL NO. 18 - 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5784 gr.		10. FIELD AND POOL, OR WILDCAT Verde Gallup
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 18, T31N, R14W
		12. COUNTY OR PARISH San Juan
		13. STATE N. Mexico

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

(Other) \_\_\_\_\_

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

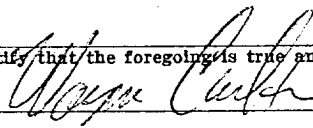
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Plugged to abandon well as follows: *on 9-24-75*

Plug #1 2668-2090' 60 sx.  
Plug #2 1499-1340' 20 sx.  
Plug #3 82- 0' 15 sx.  
Plug #4 10 sx. in annulus between 7" casing and 9-5/8" casing.  
Welded on plate & dry hole marker.

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

SIGNED



TITLE Engineer

DATE 10-1-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side