

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved:
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO

14-20604-90

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Ute

7. UNIT AGREEMENT NAME

Ute Mountain "B"

8. FARM OR LEASE NAME

"B"

9. WELL NO.

20

10. FIELD AND POOL OR WILDCAT

Verde Gallup
11. SEC. T., R., E., OR BLK. AND
SURVEY OR AREA
Sec. 31, T31N, R15W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan N. M.

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

5459'

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

NATURE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST
WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

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.) *

There is still a high probability of oil and gas under this lease. We still cannot explore deeper because of financial problems. This well is cased to 1600' and is cemented back to the surface. When and if we get to drill deeper this location will be used. There can be no harm to the environment since the well is capped. We wish to continue its' status as temporarily abandoned.

- Lease Held by production

- Continue to report this well as TA on the
Monthly Report of Operations

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

SIGNED

TITLE Secretary

DATE 2/12/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side