

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PRINT IN DUPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-10000

5. LEASE DESIGNATION AND SERIAL NO.

LC-332050 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FAIRM OR LEASE NAME

R. B. COATES "B"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

JORDON DELTA

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

24-25-37E

12. COUNTY OR PARISH

IND.

13. STATE

N.MEX.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
GARY OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 249, ROSA, NEW MEXICO 88001

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

900' FSL & 2310' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, etc.)

3005 D.P.

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.)*

WELL SHUT IN 2-11-71 PENDING STUDIES FOR FURTHER INVESTIGATION.

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

SIGNED

G. H. WADE

TITLE

REGIONAL GEOLOGIST

DATE

2-21-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

WJG/BA

*See Instructions on Reverse Side