



Reclamation Form:

Date: 5-13-13

Well Name: SJ 30-6 4125

Footages: 1220 FSL, 1155 FEL Unit Letter: _____

Section: 24, T-30-N, R-7-W, County: RA State: NM

Reclamation Contractor: MM

Reclamation Start Date: 5-13-13

Reclamation Complete Date: 5-13-13

Road Completion Date: 5-13-13

Seeding Date: N/A

**PIT MARKER STATUS (When Required): Picture of Marker set needed

MARKER PLACED : _____ (DATE)

LATITUDE: _____

LONGITUDE: _____

Pit Manifold removed _____ (DATE)

Construction Inspector: Norman Faver Date: 5-13-13

Inspector Signature: Norman Faver

Office Use Only: Subtask _____ DSM _____ Folder _____ Pictures _____

Revised 6/14/2012

Need work pack for sand stone tear drop
of 2.10ths Road

53 30-6 4125

