

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dry and Abandoned</b>	5. LEASE DESIGNATION AND SERIAL NO. <b>14-20-0503-1492</b>
2. NAME OF OPERATOR <b>Tessera Petroleum Corp. &amp; I.G. Whigham</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Uth-Ma-Yoo-see-hairs</b>
3. ADDRESS OF OPERATOR <b>624 Ridge Lea Court, Farmington, New Mexico</b>	7. UNIT AGREEMENT NAME <b>Linda</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>2100 FSL 1980 FWL</b>	8. FARM OR LEASE NAME <b>Linda</b>
	9. WELL NO. <b>1</b>
	10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
	11. SEC., T., R., OR BLK. AND SURVEY OR AREA <b>Sec 14 T20N 28W</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>McKinley</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5526 grs 5534 RB</b>	13. STATE <b>New Mexico</b>

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

**6 5/8" casing set at 64 feet with 50 mx; circulated cement.**

**7 7/8" hole to total depth - 2281 feet.**

**Plugged as follows:**

**10 sacks cement surface plug 0 - 10 feet.**

**A 4'-4" iron monument with name, legal description and elevation welded (banded to it) was erected. Pits filled and location cleaned up. Work performed May 5, 1969.**



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

SIGNED

TITLE **Geologist-Agent**

DATE **July 20, 1969**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: