Form 9-331	UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on re- DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY		(Other Instructions on as		
(May 1963)			CONTRACT NO. 160		
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.)				6. IF INDIAN, ALLOTTEE JICARILIA	
OIL GAS WELL OTHER				7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
DYNA RAY OIL AND GAS CO., INC.				JICARILLA E 60	
3. ADDRESS OF OPERATOR				9. WELL NO.	
4101 E. Louisiana Avenue, Denver, Colorado, 80222				3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface				SO BLANCO, PC	
	1040' from west line 1170' from south line			11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA	
				12-23N-2W	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE
11. Parmil No.		7342	KIB	RIO ARRIBA	NEW MEXICO
16.	Check App		Nature of Notice, Report, or C	Other Data	

BEPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CARING MULTIPLE COMPLETE ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIES CHANGE PLANS REPAIR WELL (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

17. DESCRIBE PROPOSED OF 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 somes pertinent to this work.)

Well was plugged and abandoned as follows:

- Placed 50 sack cement plug acorss perforations from 3061' to 3123'. Top of plug at 3080'.
- 2. Cut off 4 1/2" casing at 1520'. Pumped 50 sacks of cement on top of stub. Pulled casing.
- 3. Pumped 25 sacks of cement into 8 5/8" surface casing.
- 4. Erected dry hole marker.

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egoing is true and correct TITLE . (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side