

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

USA-NM 0556039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Tesoro Petroleum Corporation

8. FARM OR LEASE NAME
Quinella

3. ADDRESS OF OPERATOR
403 First State Bank Bldg., Abilene, Texas 79602

9. WELL NO.
1

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

10. FIELD AND POOL, OR WILDCAT
Undes. Gallup

600' FN&WL, Sec. 31, T23N R6W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31 T23N R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
7293GL 7306KB

12. COUNTY OR PARISH
Sandoval

13. STATE
N. M.

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

NOTICE OF INTENTION TO:

REST 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

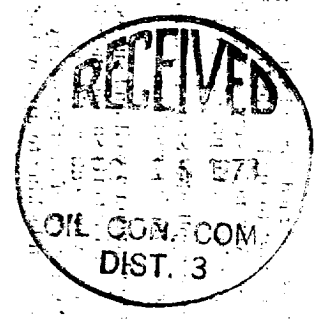
SUBSEQUENT REPORT OF:

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 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.)*

Well no longer commercial, making about 1 BOPD, preparing to plug and abandon. Propose to recover all 4-1/2" casing possible, probably about 2500 ft., spot cement plugs as follows: 20 sx 5530-5732; 15 sx 4500-4050; 15 sx 3650-3800; 40 sx 2090-2240; 70 sx 1470-1750; 40 sx 230-290; 15 sx in top of surface casing w/standard pipe marker; also 40 sx plug in and out of 4-1/2" casing stub. Hole to be filled with rotary mud between plugs.



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

SIGNED *[Signature]*

TITLE Project Engineer

DATE 6 Dec 73

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE