

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424
CLASSIFICATION AND SERIAL NO.

NM - 6997

INDIAN, SCOTTED, 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 ☒ GAS
2. NAME OF OPERATOR
Eastern Petroleum Company
3. ADDRESS OF OPERATOR
P.O. Box # 226 Farmington New Mexico 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL, 660' FEL

NAME OF LAND
Encino Wash
1
10. SITE AND ROCK OR WILDCAT
Wildcat- Dakota
11. SECTION, R., S., OR B.L. AND SURVEY OR AREA
Sec. 7, T19N, R4W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DE, RT, GR, etc.)
6696 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ CEASING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) plug back ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent facts, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths to all markers and zones pertinent to this work.)*

T.D. 4587

Well plugged as follows:

Morrison Burro Canyon 4587-4487 w/27sx
Dakota "A" 4286-4186 w/27 sx

RECEIVED

AUG 11 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

Pipe set as 3250 ft. w/135 sx, will drill out plug and cement gallup as indicated on our approved Sundry Notice dated Aug. 7, 1972.

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

SIGNED Ronald C. Dwyer TITLE Vice President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE 8-9-72

DATE