

P API 30-043-20261 1-25-77

F. Loc. 950/N; 755/W Elev. 6201 GR Spd. _____ Comp. _____ TD _____ PB _____

Casing S. _____ W. _____ Sx. _____ Int. _____ W. _____ Sx. Pr. _____ @ _____ W. _____ Sx. T. _____ @ _____
Csg. Perf. _____ Prod. Stim. _____

TRANS

I.P. _____ BO/D _____ MCF/D After _____ Hrs. _____ SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ \$ _____

TOPS		NITD	Well Log	TEST DATA							Ref. No.
Kirtland		C-103	Plat <input checked="" type="checkbox"/>	Schd.	PC	Q	PW	PD	D		
Fruitland		C-104	Electric Log								
Pictured Cliffs			C-122								
Cliff House		Ditr	Dfa								
Menefee		Datr	Dac								
Point Lookout		<i>Abandon Location</i>									
Mancos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada			51.30								

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Penn. Co. SA S 6 T 15N R 3W U C Oper Houston Oil & Minerals Lse. Booth Drought No. 1

Booth Drought #1

C-6-15N-3W

Houston Oil & Minerals Corporation

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.

NM-27872

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Booth Drought

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 6-T15N-R3W

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1.

OIL ☐ GAS ☐
WELL WELL OTHER Abandoned Location

2. NAME OF OPERATOR

Houston Oil & Minerals Corporation

3. ADDRESS OF OPERATOR

1700 Broadway, Suite 504, Denver, Colorado 80290

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

950' FNL and 755' FWL of Section 6-T15N-R3W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

Abandon location

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

The subject well was staked and permitted; however, the location is being abandoned without drilling. The location was never built; therefore no restoration work will be necessary.

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

SIGNED

Ronald D. Scott

TITLE

Division Drilling Engineer

DATE

10-14-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side