

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other Abandon location
2. NAME OF OPERATOR  
Wm E. Plaster Jr.
3. ADDRESS OF OPERATOR  
1300 W. Wagon Farmington NM E.H.C.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 365' PL 1270' PL 1279' ✓  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 7' R

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:               |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input checked="" type="checkbox"/> |
| (other) <input type="checkbox"/>              | <input type="checkbox"/>            |

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.)\*

ABANDON - Plaster Dry, Surface to 120' T.D. with 120' casing plug.

5. LEASE  
N.M. 26037 ✓
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO. Capezon #6 ✓
10. FIELD OR WILDCAT NAME  
Wildcat MU
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S/2 29 T 12N R 4W ✓
12. COUNTY OR PARISH SANDHILL 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
631' GRD ✓

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Raymond W. Vinyard TITLE Acting District Supervisor DATE 12/1/81

(This space for Federal or State office use)  
APPROVED BY (Orig. S&L) RAYMOND W. VINYARD TITLE ACTING DISTRICT SUPERVISOR DATE DEC 01 1981  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

~~FARMINGTON COPY~~

\*See Instructions on Reverse Side