

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 ☐
2. NAME OF OPERATOR
Samuel Gary Oil Producer, Inc.
3. ADDRESS OF OPERATOR
#4 Inverness Ct E., Englewood, CO 80112
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 860' fs1, 1650' fw1
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐ RECEIVED
☐ RECEIVED
☐ OCT 11 1983
☐ SEP 26 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
☐ BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
NM 7765
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Johnson #4 (Formerly Lewis 4-20-2 #1)
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
Undesignated Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4-20N-2W
12. COUNTY OR PARISH
Sandoval
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6868' GR

RECEIVED

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

OCT 21 1983
OIL CON. DIV.
DIST. 3

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.)*

Samuel Gary Oil Producer, Inc. hereby requests that the name of this well be changed from the Lewis 4-20-2 #1 (as it was referred to by Lewis Energy, original operator) to the #4-14 Johnson.

Also, we propose to test this well for commercial production in the following manner:

Clean out and put on pump.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray Hagen TITLE Superintendent DATE 9/15/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 20 1983

FARMINGTON RESOURCE AREA

BY KI

*See Instructions on Reverse Side

NMOCC