

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Joseph B. Gould	8. FARM OR LEASE NAME Phillips 32
3. ADDRESS OF OPERATOR c/o R. Simmons 5704 Villa View Dr. Farmington NM 87400	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 340' FEL & 2220' FSL	10. FIELD AND POOL, OR WILDCAT W Lindrith Gallup/Dak
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7188 GR 7.200 KB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32, T25N, R3W	
12. COUNTY OR PARISH Rio Arriba	
13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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) Spud Surface Csg & Cement <input checked="" 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.) *

Moved rig on Location Jan. 22, 1985. Spud 12-1/4" hole @ 3:00 PM. Drilled to 261' KB. Ran 6 joints 8-5/8" 24#, K55, STC casing (247'). Set casing at 261' KB. Cemented with 150 sacks (177 cu. ft) Clas "B" with 2% calcium chloride and 1/4# folcele. Plug down at 9:00 PM. Circ. 2 bbls cement to surface. WOC 12 hours. Installed BOP. Tested BOP and casing to 600 psig. Held OK.

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

SIGNED R. D. Simmons

TITLE Agent

DATE 1-23-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

FEB 08 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV SM