

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 679549
2. NAME OF OPERATOR Joseph B. Gould		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o R. Simmons PO Box 48 Farmington, NM 8749		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 820' FEL		8. FARM OR LEASE NAME Phillips 32
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7061' GR 7073' KB		10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup/Dakota
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T25N, R3W
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.)*		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

RECEIVED
JUN 17 1987
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

NOTICE OF INTENTION TO:

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)			

SUBSEQUENT REPORT OF:

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) Production casing & 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.)*

May 19 thru June 2, 1987. Drilled 7-7/8" mud hole to TD of 7950' KB.

Ran IEL-CDL logs. (Logs will be mailed direct by Gearhart Owens Logging Company)
Ran 196 joints (7948.58' threads off measurement plus 3.53' float equipment) and set at 7944.11' KB. Float collar @ 7902.11' KB with Stage Tool @ 5782.48' KB. Circulated hole for 1-1/4 hours with good returns. Cemented casing in place as follows:

1st stage: 10 bbls calcium chloride water, 10 bbls fresh water, 20 bbls zone lock and 10 bbls fresh water. Cemented with 600 sacks (876 cu. ft.) Class "B" 50/50 poz., 2% gel, 8#/sk. salt, 6-1/4#/sk. Kolite mixed at 13.4#/gal. Displaced cement with 30 bbls fresh water and 93 bbls drilling mud (123 bbls total). Landed plug with 1470 psi at 9:04 AM. 6-2-83.

Open stage tool at 9:46 AM and circulated hole 7-1/4 hours.

2nd stage: 20 bbls fresh water. Cemented with 779 sacks (2197 cu. ft.) Class "B" 65/35 poz, 12% gel, 10#/sk. Kolite, mixed at 11.2#/gal. followed by 150 sacks (177 cu. ft.) Class "B" neat mixed at 15.6#/gal. Displaced cement with 90 bbls fresh water. Plug down at 7:15 PM. Pressured up to 2800 psi and held. Released pressure and plug held.

June 3, 1987 Wilson Wireline Service ran temperature survey (attached) and found top of cement on 2nd stage at 1390' KB.

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

SIGNED R. D. Simmons TITLE Agent

(This space for Federal or State office use)

DATE 6-10-87 RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side