

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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. Water Injection OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. S.M. 03825 |
| 2. NAME OF OPERATOR Sunray Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 1116, Lowell, New Mexico | | 7. UNIT AGREEMENT NAME Central Dist. Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FEL & 990' FEL | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 01-19 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6190 ft | | 10. FIELD AND POOL, OR WILDCAT Dist. Lower Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-25N-12W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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

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) <input type="checkbox"/> | |

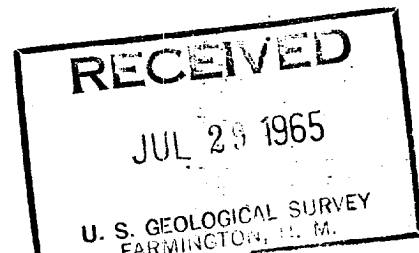
SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input 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.)

1. **Intubated ad. down 46g and filled csg to depth of 4770'.**
2. **Ran dump bailer through 46g and placed 2' amt csg on top of ad. (4770-68'). Perfs 4730-52 are only ones now open.**
3. **Return well to injection service.**
4. **Ran radio active tracer survey and found 85% of injection water going into perfs - 15% going down csg.**



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

SIGNED **B. F. Bradley**

TITLE **District Engineer**

DATE **July 28, 1965**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____