

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other Instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078476

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "R"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT  
Blanco Mesaverde  
Basin Dakota11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 15-27N-8W NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5947 KB

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mexico

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

On 10/26/68 Spud well

On 10/26/68 Ran 9 jts 10 3/4" 32.75# H-40 (300') set @ 312' w/275 sx Howco Class C w/2% CaCl. Circ. to surface.

On 10/30/68 Ran 72 jts 7 5/8" 26.40# J-55 casing (2237') set @ 2249' w/ 350 sx Howco light w/100 sx Class C. Circ to surface.

On 11/4/68 Ran 207 jts 5 1/2" 15.5# K-55 casing (6712') set @ 6724' w/ First Stage: 160 sx 50-50 pozmix Class C w/1% CFR-2 &amp; 7# salt.

Second Stage: DV Stage tool @ 4768'. 80 sx Howco light w/ 10% gel, 1/2% CFR-2 and 76 sx 50-50 pozmix, 2% gel, 7# salt, 1/2% CFR-2, 12.5# gilsonite/sk.



RECEIVED

JAN 20 1969

U. S. GEOLOGICAL SURVEY  
WASHINGTON, D. C.

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

SIGNED

*R. C. Wynn*

TITLE

*Operator*

DATE

*1/15/69*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

