

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 - 078807 - A ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Gallegos Canyon Unit - P.C.
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
P.O. Box 3280, Casper, Wyoming 82602	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO.
810' FSL & 600' FEL (NE SE SE)	105 ✓
	10. FIELD AND POOL, OR WILDCAT
	Kutz West Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 12-T28N-R13W ✓
14. PERMIT NO.	12. COUNTY OR PARISH
	San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE
5,678' G.R.	New Mexico

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Suspension of operations <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.)*

Removed dry hole marker, drilled cmt plugs from surface to 155' and 1,190' to 1,365'. Checked PBTD at 1,600'. Ran 52 jts, 2-3/8" tbg to 1,587'. Shut down rig and move off location. (10-23-76).

Request approval to suspend operations pending further economic evaluation of completion in the Pictured Cliffs formation.

TEMPORARY PERMIT
EXPIRES

OCT 1 1978

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

SIGNED

TITLE Field Services Administrator DATE 3-8-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NEW MEXICO OR CONSERVATION COMM.
1000 RIO BRAVO RD.
AZTEC, NEW MEXICO 87410