

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078673

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schlosser

9. WELL NO.

66

10. FIELD AND POOL, OR WILDCAT

Kutz Fruitland

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27-T28N-R11W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

NW

1. OIL ☐ GAS ☐ OTHER ☒
WELL WELL

2. NAME OF OPERATOR

R & G Drilling Company

3. ADDRESS OF OPERATOR

c/o Walsh Engr. P.O. Box 254, Farmington, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

560'FNL, 330'FWL

14. PERMIT NO.

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

5655'GR, 5665'KB, 5666'DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)

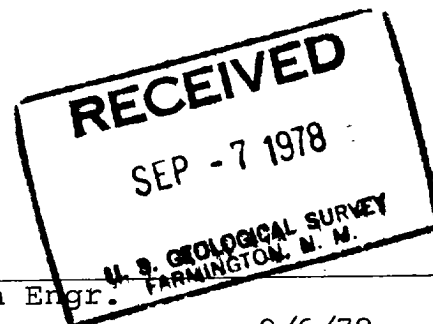
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/20/78

&

7/27/78

See Attached Fracture Treatments.



FOR: R & G Drilling Company

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

President, Walsh Engr.

SIGNED

Ewell N. Walsh, P.E.

TITLE

& Production Corp.

DATE

9/6/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Nmore