

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Curtis J. Little	8. PAEN OR LEASE NAME Federal Com.
3. ADDRESS OF OPERATOR P. O. Box 2487 Farmington, N.M. 87401	9. WELL NO. #2 E
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 1120' FSL 1640' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. SEC. T. E., M., OR BLE. AND RUEVEY OR AREA Sec. 11-T28N-R13W	12. COUNTY OF IARISH 13. STATE San Juan NM
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5967' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Production Casing</u> ☒	
(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.)

12-19-80. Ran 6420' 4 1/2" 10.5# csg. & cemented w/1207 sx
1st stage 226 sx
2nd stage (DV tool 4888) 466 sx
3rd stage (DV tool 1878) 475 sx
Cement circulated.

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

SIGNED <u>Curtis J. Little</u>	TITLE <u>Operator</u>	DATE <u>6-19-81</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC