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Form 9-331
Dec. 1973BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREAForm Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well <input checked="" type="checkbox"/>	gas well <input type="checkbox"/>	other <input type="checkbox"/>
2. NAME OF OPERATOR Raymond T. Duncan		
3. ADDRESS OF OPERATOR 1777 S. Harrisor St. P-1, Denver, CO 80210		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2450' FSL & 1520' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	<input type="checkbox"/>

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(NOTE: Report results of multiple completions or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
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OIL CON. DIV.

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.)*

Subject well to be P&A'd as follows:

1. Pull rods and tubing.
2. Pump 10 sx plug down casing. Displace to bottom of hole - interval 670'-550'.
3. Pump 5 sx plug - interval 60' to surface.
4. Dig down and cut-off casing 4' below ground level.
5. Weld plate on top of casing.
6. Clean and restore location per BLM requirements.

Casing will be cut-off below ground level because well is in cultivated area.
Work would be performed in late fall to minimize impact on crops and land.
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED John A. Bettridge TITLE Operations Supt. DATE May 16, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED

MAY 29 1985

J. F. Kella
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC