

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>12-01-001-2200</u>
2. NAME OF OPERATOR <u>Oilfield Services Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo-Ute Mtn.</u>
3. ADDRESS OF OPERATOR <u>Box 1127, Farmington, New Mexico</u>		7. UNIT AGREEMENT NAME <u>Horseshoe Gallup Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME <u>Horseshoe Gallup Unit</u>
14. PERMIT NO.		9. WELL NO. <u>2111</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Horseshoe Gallup</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 1, T. 1 N., R. 1 W.</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>N. M.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) <u>Shut in well</u>			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

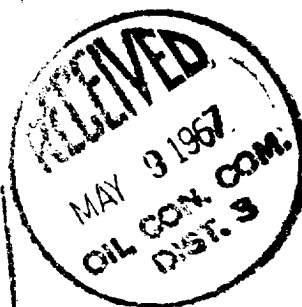
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

We propose to cease continuous operation of this well as presently unsuccessful to operate. Well is producing 30 BOPD and 5 BOPD. We do expect to periodically test the well to detect any significant change in its producing capability. If this change occurs, the well will be returned to producing status.

RECEIVED

MAY 8 1967

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.



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

SIGNED B. B. Burt TITLE Eng. Prod. Supt. DATE 5-2-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: