

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.

14-20-604-83

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

Sec 21-31N-R14W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Engineering & Production Service, Inc.

3. ADDRESS OF OPERATOR

Box 190 Farmington, New Mexico

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

1980' from North line and 660' from West line Sec 21

14. PERMIT NO.

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

5688 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

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.)*

Operator proposes to plug as follows:

Cement plug from 2877' to 2645' inside 4½" liner.

Cut off and pull 5½" casing at approximately 950'.

Cement plug at cut off point (50' above and 50' below cut off).

Surface cement plug 0-50' with marker in 8 5/8" surface pipe.

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

SIGNED

TITLE

DATE May 7, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side