

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-1948-4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Mesa and Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Messerschall Unit

9. WELL NO.

276

10. FIELD AND POOL OR WELLBOAT

Mesa Mesa-Gallup

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

SURVEY OF AREA
23, 31N, 15W, MPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEKACO Inc.

3. ADDRESS OF OPERATOR

Box 810, 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

660' from North and West Section lines

14. PERMIT NO.

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

5729' DF

16.

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

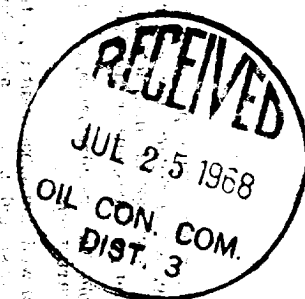
ABANDONMENT*

(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.)*

Plugged as follows:

Filled hole with drilling mud and spotted 15 sack cement plug over perforations 1530' to 1540'. Removed wellhead and set 8" pipe surface in 10 sack cement surface plug. Completed plugging operations 5/7/68.



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

SIGNED

TITLE

District Superintendent

DATE

7/19/68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

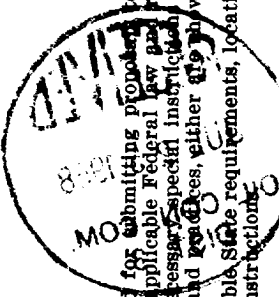
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 22 1968

E. J. SCHMIDT

*See Instructions on Reverse Side



Instructions

General: This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either as shown below or as may be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include special information as required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1962-O-582229
997-1081

*See instructions on Form 1000

APPROVED
MAY 1968

NOTICE OF INTENTION TO	FOR WATER SHUT-OFF
SEAL OR OTHER CLOSING	ABANDON THE TREAT
WELL OR OTHER TUBE	ABANDON THE WELL
REASON	
REASON	

Check Appropriate Box to Indicate Purpose of Action

NO. OF COPIES TO BE SUBMITTED

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