

UNITED 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"/>                                                                                                                                                                                                                                                                                                          | 5. LEASE<br>14-20-151-46                                                |
| 2. NAME OF OPERATOR<br>W. M. GALLAGHER                                                                                                                                                                                                                                                                                                                                                                                    | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Ute Mountain Indian             |
| 3. ADDRESS OF OPERATOR<br>101-2 Petroleum Plaza<br>Bldg., Farmington, N. M. 87401                                                                                                                                                                                                                                                                                                                                         | 7. UNIT AGREEMENT NAME                                                  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)<br>AT SURFACE: 1980' FNL, 1980' FEL<br>AT TOP PROD. INTERVAL:<br>AT TOTAL DEPTH:                                                                                                                                                                                                                                                                       | 8. FARM OR LEASE NAME<br>Ute Indian A                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 9. WELL NO.<br>4                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 10. FIELD OR WILDCAT NAME<br>Verde Gallup                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 15, T31N, R15W |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 12. COUNTY OR PARISH<br>San Juan                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 13. STATE<br>N. M.                                                      |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                             | 14. API NO.                                                             |
| REQUEST FOR APPROVAL TO:<br>TEST WATER SHUT-OFF <input type="checkbox"/><br>FRACTURE TREAT <input type="checkbox"/><br>SHOOT OR ACIDIZE <input type="checkbox"/><br>REPAIR WELL <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>MULTIPLE COMPLETE <input type="checkbox"/><br>CHANGE ZONES <input type="checkbox"/><br>ABANDON* <input type="checkbox"/><br>(other) <input type="checkbox"/> | 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>5745' GR                       |

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

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.)\*
- Reason: Well is not capable of producing in commercial quantities.
- Spot cement plug across Gallup perforations from 1982' to 1943' and continue up 5 1/2" casing to 1893'. Shoot off casing at 1800' and spot 50' of cement across shooting point. Spot 100' plug from 550' to 650' across top of Point Lookout. Spot 50' plug across bottom of surface. Spot 10 sacks of cement in top of hole and erect a dry hole marker.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

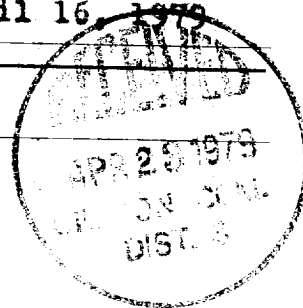
18. I hereby certify that the foregoing is true and correct

SIGNED W. M. Gallagher TITLE Operator DATE April 16, 1979

(This space for Federal or State office use)

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

\*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 are shown below or will 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 such special information as is 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 packing 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.