

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-28-151-43
2. NAME OF OPERATOR Lennie Kramer	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR P.O. Box 1064 Farmington, New Mexico	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) NE 1/4 Sec 11, 31N, 15W MPN	8. FARM OR LEASE NAME Ute
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5815	10. FIELD AND POOL, OR WILDCAT Yarda Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, 31N, 15W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

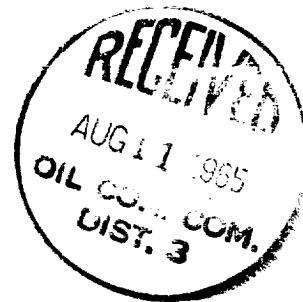
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

2-21-65 Set cement plug @ 2075 to 1880
3-21-65 Check plug, found top @ 1900', reset plug 1900 to 1850'
3-22-65 check plug, found top @ 1860', set plug @ 1500' to 1410' lead hole with fluid
3-23-65 check for free point in casing, buster cellar @ 126', recovered 126' of casing
3-24-65 set plug 170' to 80', install marker with 8 sacks of cement
4-2-65 Location cleaned up

**Exit Left 5 1/2" liner in hole and 7" casing from 126' to T.D.
From casing recovered cement top at 126'**



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

SIGNED *L. Kramer* TITLE **Owner**

DATE **4-16-65**

(This space for Federal or State office use)

APPROVED

AUG 6 1965

JERRY W. LONG

TITLE

RECEIVED

DATE

APR 20 1965

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY