

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.

SANTA FE OTT648

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DAVIS

9. WELL NO.

10-D

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

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

SEC. 12-T1N-R1W

1. OIL ☐ WELL GAS ☒ WELL OTHER ☐

2. NAME OF OPERATOR

ARTCO OIL & GAS COMPANY

3. ADDRESS OF OPERATOR

DRAWER #570, FARMINGTON, NEW MEXICO

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

At surface
**1000' FWL 1600' FWL
Section 12-T1N-R1W,
SAN JUAN COUNTY, NEW MEXICO**

14. PERMIT NO.

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

6382 Ground

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

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 ☐

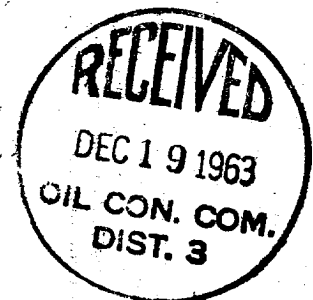
ALTERING CASING ☐

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.)*

**Well was spudded 12-14-63
Ran 11 joints 8 5/8" casing 345', landed at 358' RKB and cemented with 125 sacks
Dianix & 125 sacks Class "C" cement
Tested casing with 500# pressure for 30 minutes. No leaks
Drilled cement 12-15-63
Tested with 500# pressure for 30 minutes.
No drop in pressure**



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

SIGNED ORIGINAL SIGNED BY JOE C. SALMON TITLE DISTRICT SUPERINTENDENT

DATE 12-16-63

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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 putting in 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.