

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.

M00-C-1420-1722

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mtn. Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lizzard

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

Sec. 25, T31N, R15W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

KIMBARK OPERATING COMPANY

3. ADDRESS OF OPERATOR

1860 LINCOLN STREET, #808, DENVER, CO 80295

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

A surface NW NW 695' FNL, 725' FWL

14. PERMIT NO.

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

5514' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Other) Reason for plugging delay

(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.)*

1. Well was drilled 3/23/77. It is non-commercial as it exists. We are trying to find a party interested in reworking for a better completion. We do not want to pull the casing until we have exhausted all possibilities.

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

SIGNED

W. K. Arbuckle

TITLE

President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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