

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dakota Sand Test</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>M-00-C-1420-1709</b>	
2. NAME OF OPERATOR <b>Robert C. Anderson</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Ute Mtn. Ute</b>	
3. ADDRESS OF OPERATOR <b>The Summit Bldg. - Suite 310 5929 N. May Ave. Oklahoma City, Oklahoma 73112</b>		7. UNIT AGREEMENT NAME <b>None</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface 1650' FNL - 1650' FEL Sec.14 - T31N - R16W</b>		8. FARM OR LEASE NAME <b>Ute Mtn. Ute</b>	
14. PERMIT NO.		9. WELL NO. <b>5</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5729 GR 5734 KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Straight Canyon Dakota</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec.14-T31N-R16W N.M.P.M.</b>	
		12. COUNTY OR PARISH <b>San Juan</b>	
		13. STATE <b>N.M.</b>	

## 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) <b>Temp. Aband. Request</b>	<input checked="" 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 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.)\*

The above captioned well has been tested and found to produce considerable amounts of formation water and about 1-2% high pour point oil from the Dakota zone which was perforated from 2331-43' and stimulated by sand-oil frac. Casing shut in pressure averages around 750 psig, but drops considerably when the well logs off with water. It appears from testing, that if the well were pumped, it would flow & pump at a rate of around 20 bbls. of water per hour, some gas (not excessive), and cut 1-2% oil. The water has been lab. analyzed (see reported lab. report in files), and appears to have borderline value or at least not considered dangerous to stock if not used as a sole ~~xx~~ source (see report).

It is contemplated that a decision will be reached in the near future regarding proposed additional drilling in this immediate area. This water availability from the ~~xxxx~~ above captioned well might mean considerable saving toward future drilling costs if so used in the drilling program.

In view of the possibility of additional drilling in the near future, it is requested that this well be granted Temporary Aband. status for a period of six months.

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

SIGNED

Ashton B. Geren, Jr.

Agent for:

TITLE

Robert C. AndersonDATE Jan. 16, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

