

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.<br>M00-C-1420-1716             |
| 2. NAME OF OPERATOR<br>Energetics, Inc.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Mountain Ute               |
| 3. ADDRESS OF OPERATOR<br>102 Inverness Terrace East, Englewood, CO 80112  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>550' FNL & 1880' <sup>E</sup> FLL |  | 8. FARM OR LEASE NAME<br>Ute 18                                    |
| 14. PERMIT NO.   |  | 9. WELL NO.<br><del>18</del> -31                                   |
| 15. ELEVATIONS (Show whether DF, RT, GM, etc.)<br>5941 GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Verde Gallup                     |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 18-31N-14W |
|  |  | 12. COUNTY OR PARISH<br>San Juan                                   |
|  |  | 13. STATE<br>New Mexico  |

10. 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 checked="" 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 type="checkbox"/>    |
| (Other) <input type="checkbox"/>               |  |

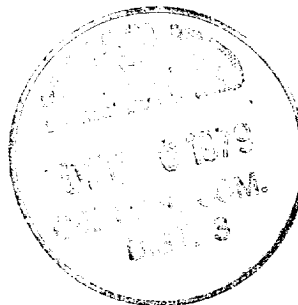
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Called Jerry Long 10-4-79 to get verbal approval to plug.

Well to be plugged as set out below:

20 sx cement over Gallup zone 2425'  
35 sx cement - cut pipe @ approximately 750' 50' in and 50' out  
20 sx cement - 82' @ base of surface casing  
10 sx cement - surface plug



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

SIGNED

(This space for Federal or State office use)

TITLE

Administrative Coordinator DATE 11-29-79

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side