LINITED STATES

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

	Form a	pproved	ı. 1		
	Budget	Bureau	No.	42-R	142
EASE	DESIGN	ATTON A	Vn a	PRIAT	No

(May 196	DEPARTMENT OF THE INTERIOR (Other instructions on re- GEOLOGICAL SURVEY	Budget Bures 5. LEASE DESIGNATION MOO-C-1420-1	AND SERIAL NO.	
(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.)	6. IF INDIAN, ALLOTTER Mountain Ute		
1. OIL WELL	GAS OTHER	7. UNIT AGREEMENT NA	.ME	
2. NAME	OF OPERATOR	8. FARM OR LEASE NAME		
	Energetics, Inc.	Ute <i>13</i>		
3. ADDRE	ESS OF OPERATOR	9. WELL NO.		
	102 Inverness Terrace East, Englewood, CO 80112	13- 41		
see a	rion of well (Report location clearly and in accordance with any State requirements.*	Verde Gallup 10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-31N-15W		
14. PERM	17 No. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
	5941' GL	_	New Mexico	
6.	Check Appropriate Box To Indicate Nature of Notice, Report, or Ot			

REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any nent to this work.) *

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

A change in plan on plugging well: 5½" casing will be left in hole.
20 sx cement over Gallup zone 2425' - Should Love ≥10 sx cement - surface plug ‡ P # A Marker Casing full of mud. Perf @ 100' and Curculate Cement Hurryh 85/8 -5 t annulus

18. I hereby certify that the foregoing is true and correct		ECLIV		
SIGNED	TITLE	Administrative Coordinato	th y	1, 1980
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: JAN 3 1 1980	TITLE _	FEB 41. OIDACON. C. DIST. 3	380 OM. 3	
) ALA				

CARL A. BARRICK

*See Instructions on Reverse Side

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

APPROVED

1. 例如 2. 程**分**值

A HERMAN A HEAD DISTRICT