

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. MOO-C-1420-1719 | |
| 2. NAME OF OPERATOR Energetics, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Mountain Ute | |
| 3. ADDRESS OF OPERATOR 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. See also space 17 below.) At surface 1930' FSL & 410' FEL | | 8. FARM OR LEASE NAME Ute 13 | |
| 14. PERMIT NO. | | 9. WELL NO. 43 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT Verde Gallup | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-31N-15W | |
| | | 12. COUNTY OR PARISH San Juan | 13. STATE N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|--|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input checked="" 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.)

A change in plan on plugging well:

5 1/2" casing will be left in hole.

20 sx cement over Gallup zone 2425'

10 sx cement - surface plug

Casing full of mud.

Should cover to 2315'
** P & A Marker*

Plug @ 100' and circulate cement through 8 5/8 - 5 1/2 annulus

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

SIGNED

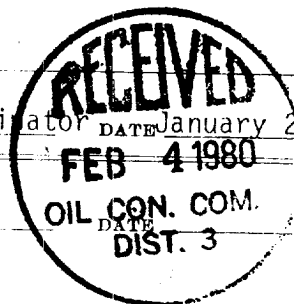
(This space for Federal or State official use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JAN 31 1980

TITLE Administrative Coordinator DATE January 24, 1980

TITLE



CARL A. BARRICK

~~AGENCY~~ DISTRICT ENGINEER

*See Instructions on Reverse Side