

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐  
well well  
2. NAME OF OPERATOR  
B.O.O. Oil & Gas Company  
3. ADDRESS OF OPERATOR  
2500 E. 30th Suite 108, Farmington, NM  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 704'PCL & 555'PWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other)

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☒

Cable Tooling, Open hole

5. LEASE  
11-20-604-20  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Indian  
7. UNIT AGREEMENT NAME  
B.O.O. - Kach  
8. FARM OR LEASE NAME  
Tract "B"  
9. WELL NO.  
112  
10. FIELD OR WILDCAT NAME  
Verde Gallun  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
21-21N-15W-N41PM  
12. COUNTY OR PARISH San Juan 13. STATE NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDS, AND WD)  
5412

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

DIST. 3

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.)\*

Start Cable tooling 1-27-1981, Cable tool well til 2-16-81, From 1650' to 1956'

No show of free oil. We are waiting on Company decision. To frak and complete or to plug and abandon. Decision will be made by 6-181.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Ralph Albert TITLE Operator

DATE March 19, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_