

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. NAME OF WELL 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR R & G DRILLING CO, INC.		7. UNIT AGREEMENT NAME SW-124
3. ADDRESS OF OPERATOR 1775 Broadway, New York, N.Y. 10019		8. FARM OR LEASE NAME Lunt
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850 FSL -1650FWL W/2 Sec 8, T 30 N, R 13W		9. WELL NO. #85
14. PERMIT NO.	15. ELEVATIONS (Show whether DE, RT, GR, etc.) 5530-Kb, 5518 G1	
10. FIELD AND POOL, OR WILDCAT Dakota		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 8, T30N, R13W
12. COUNTY OR PARISH San Juan		13. STATE New Mex

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

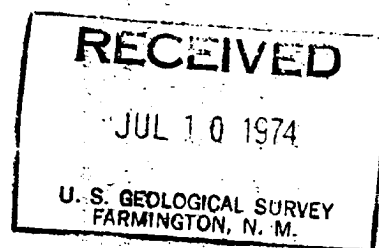
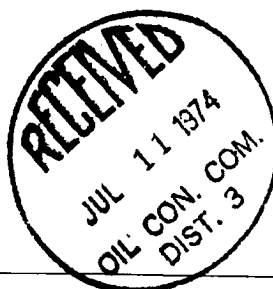
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>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

3/4 Federal - 9.375% Royalty  
1/4 Fee - 3.125% "

Spot 25 sks cement across Dakota perms. 5969-6092 via 2" tgb. , pull tbg.  
Cut 4 1/2" Csg. @ 3380'  
Spot 35 sks. cement over 4 1/2" csg. stub, via. csg.  
Spot 35 sks. cement 2900'-3000' via csg.  
Spot 50 sks. cement across Picture Cliff @ 1550' via.csg.  
Spot 50 sks. cement over Ojo Alamo @ 700'  
Remove braiden head set P & A marker with 10 sks.



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

SIGNED [Signature] TITLE

President L & M Ventures

6-3-74

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side