

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. L.S. 084735
2. NAME OF OPERATOR D. E. Flanagan	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 5420 Villa View Dr. Farmington, NM 87401	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 1650'/SL, 1850'/EL	8. FARM OR LEASE NAME F
14. PERMIT NO.	9. WELL NO. 12
15. ELEVATIONS (Show whether PL, RT, GR, etc.) 7522 AS	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA N.M.P.M. S-1231-R1W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

16. 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 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.)*

Ran tubing & spotted 20 sks. plug 3316'-3100' pulled tubing
Squeezed perms to 1000 psi
Shot casing off @ 814'
Spotted plug 840'-780' 20 sks. displaced with gel
Spotted 15 sks. plug 125'-75'
Spotted 10 sks. plug 30'-0'
Installed hole marker-10/08/75

Surface restored-
needed-

} TO BE RESTORED AT LATER DATE
KLH STAFF TO OPERATE ON 11/11/75

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

SIGNED

TITLE Res. I & Ventures

DATE 11/2/75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

Instructions on Reverse Side

NOV 10 1984

M. MILLENDACH
AREA MANAGER