

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 ☐
well well other

2. NAME OF OPERATOR

Dick Lauritsen

3. ADDRESS OF OPERATOR

P.O. Box 2364, Farmington, New Mex. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 920 'FNL and 795' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

15. 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)

Change Operator

SUBSEQUENT REPORT OF

5. LEASE

NM-17009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gulf Federal - 24

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

D-24-23N-6W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7060' Gr.

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

RECEIVED

APR 7 - 1983

OIL CON. DIV.

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.)*

Please change Operator from LOBO PRODUCTION, P.O. Box 2364, Farmington

to

Dick Lauritsen, P.O. Box 2364, Farmington, New Mexico 87499

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Dick Lauritsen

TITLE

Partner
Operator

DATE

3-16-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED

*See Instructions on Reverse Side

OPERATOR

MAI
Jim S. Lewis
JUL 1983
DISTRICT MANAGER