

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078584

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Miller A

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

Devils Fork Gallup

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

13 T24N, R7W

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Paul T. Rutledge

3. ADDRESS OF OPERATOR

P. O. Box 2303, Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990 FNL

990 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6922 GR

12. COUNTY OR PARISH

Fio Arriba

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

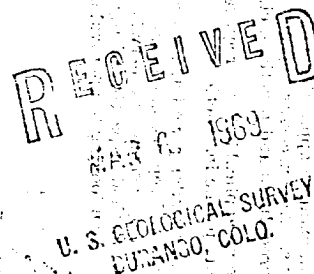
ALTERING CASING

ABANDONMENT*

(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.)*

Pulled 2-3/8" tubing to remove parafin plug. Ran tubing
back in well. Returned well to production 2-26-69.
186 barrels of load oil to recover.



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

SIGNED

TITLE

President, Walsh Engineering &
Production Corporation

DATE

March 5, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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