

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

078301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Clinton Oil Company

3. ADDRESS OF OPERATOR

217 North Water, Wichita, Kansas 67202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980 FSL & 660' FWL Sec. 1-24N-10W

14. PERMIT NO.

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

GL 6889

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA Arthur L. Duff 7/5A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Bisti Gallup

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

1-24N-10W

12. COUNTY OR PARISH

San Juan

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

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

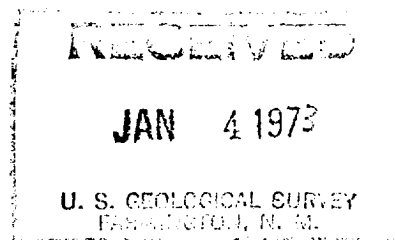
ABANDONMENT*

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☐(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.)*

Well has a hole in the 5½" csg. - Plan to locate hole and squeeze off with cement. Drill cement out of 5½" csg. and put well back on production from Gallup well. Well will only be acidized if it does not produce properly when returned to production.

Estimated date of starting work should be 1-7-73.



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

SIGNED L. A. McLean TITLE District EngineerDATE 12-29-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side