

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ well ☐ gas well ☐ other ☐
2. NAME OF OPERATOR
R.E. 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: 760' FSL 900' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |

(other) Produce well in order to
run a GOR test.

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.)*

Requesting approval to produce Scarecrow #1 for 30 days for the purpose of running an updated G.O.R. test. We would like to have approval to produce the well for 10 days each month and expect to be venting 300-420 MCF per month.

R.E. Lauritsen Drilling is currently negotiating a contract for the purchase of casing head gas with Northwest pipeline.

This Approval Or Temporary
Approval Expires 7/14/83

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R.E. Lauritsen TITLE Operator DATE 6-13-83

(This space for Federal or State office use)

APPROVED [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

[Signature]
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side

NMOCC

5. LEASE
NM 28752
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Scarecrow
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Dufers Point-- Gallup--Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 4, T24N, R8W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6883 Gr

RECEIVED

JUN 14 1983

U. S. GEOLOGICAL SURVEY,
FARMINGTON, N. M.

RECEIVED

JUN 15 1983

OIL CON. DIV.