UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42-R1424					
5. LEASE		-	_			
MM NM	28752	*				
6. IF INDIAN, ALL	OTTEE OR	TRIBE NAME	_			
7. UNIT AGREEM	NT NAME					
8. FARM OR LEAS	E NAME		~			
	recro	w				
9. WELL NO.			_			
#	2					
10. FIELD OR WILD Duffers Poi			t			
11. SEC., T., R., M. AREA Sec. 4,		and the state of	R			
12. COUNTY OR PA			-			
San Juan		New Mex.				
14. API NO.						
15. ELEVATIONS (\$6959.	show DF, O Gr	KDB, AND WD	<u>)</u>			
			-			
RECE (NOTE: Report result	- 10 miles	- · · ·	ıe			

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.) gas wel 🗓 other well 2. NAME OF OPERATOR R.E. Lauritsen 3. ADDRESS OF OPERATOR Box 2364, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 AT SURFACE: 2020 FNL, 1800 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING 'HET" F4 1982 MULTIPLE COMPLETE CHANGE ZONES ABANDON* U. S. GEOLOGICAL SURVEY move location as requested (other) by BLM / CHANGE OF OPERATOR

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.)*

Subsurface Safety Valve: Manu. and Type)			Set @			_ Ft.
18. I hereby certify that the foregoing is true and correct							
GIGNED ME GALLETTAN	TITLE Operator	DATE	10-4	-4-82			
					7 5	7.4	
	(This space for Federal or State office use)			7 22			
DDDOUED DV	TITLE				· - 4,		

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DISTRICT ENGINEER