

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 070179
2. NAME OF OPERATOR Simulair Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME .
3. ADDRESS OF OPERATOR 901 Lincoln Tower Bldg., 1800 Lincoln St., Denver, Colorado	7. UNIT AGREEMENT NAME .
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter "A" 790' 2/1/4 North line and 790' 2/1/4 East line Sec. 25-25N-2W	8. FARM OR LEASE NAME Shawnee Federal
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Belmont Platted CILCO
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 25-25N-2W
14. PERMIT NO. Mr. P.T. McCreath, 2/3/66	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 650 O.L.	13. STATE New Mexico

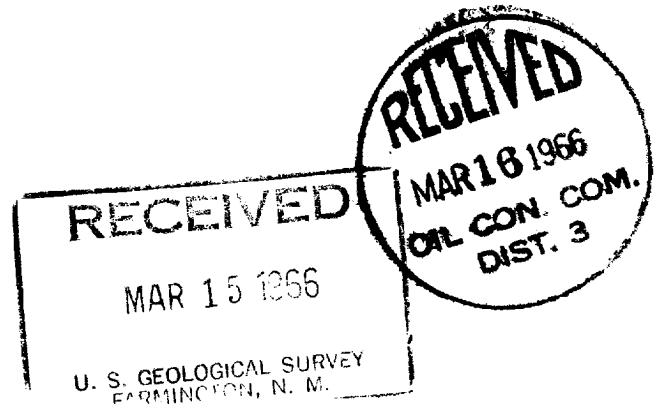
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

2/10/66 Moved A-100 Well Services on log. Pulled 1" log, ran 2" tubing, spotted 15 inch cement plug 2/ 1800-2200', and 15 inch plug 2/ 1800-2200', pulled 2" log, moved off location. SD log 2/10 4/6 weather.
2/10/66 Capped with 5 inch cement in surface with regulation material. Closed location. COMPLETED PLUG AND ABANDON 2/10/66.

Casing left in Hole:
2-1/2" OD 21.7' set at 96'
5-1/2" OD 15.9' set at 2130'.



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

SIGNED **M. E. DREW** TITLE **Chief Office Clerk** DATE **March 11, 1966**
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: