

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078066
2. NAME OF OPERATOR Weldon S. Guest & I. J. Wolfson Sun Oil Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1011 Hamilton Bldg., Wichita Falls, Texas 76301		7. UNIT AGREEMENT NAME Central Bisti
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL 660' 1980' FWL		8. FARM OR LEASE NAME Federal (NM) C754
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6171.4 GR	9. WELL NO. GAL #15
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Bisti (Lower Gallup)
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.) plug 20 sx/across Gallup sand 4655-4755 40 sx plug in and out of stub 60 sx plug 1050-1200 40 sx plug 200-300 2 sx plug in top of 8-5/8 surface pipe		11. SEC. T., R., M., OR BLE. AND SURVEY OR AREA Sec. 9 25N 12W
		12. COUNTY OR PARISH 13. STATE San Juan NM

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.)

Intend to start operations upon approval.



FEB 3 1971

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

SIGNED

Weldon S. Guest

TITLE

President

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

2-7-71

DATE

*See Instructions on Reverse Side