

10-10-72

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

6. LEASE DESIGNATION AND NUMBER
SF 01007
6. IF INDIAN, ALLOTTEE OR TRIB. 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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Houston General Insurance Group		8. FARM OR LEASE NAME M. J. Lam
3. ADDRESS OF OPERATOR PO Box 1364 Ft. Worth, Texas 76101		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 7 miles N 790 ft. Sec. 34, T29N, R10W, SAN JUAN Co., New Mexico		10. FIELD AND POOL, OR WELL Ft. Worth
14. PERMIT NO.		11. SEC. T. R. M., OR BLEND SURVEY OR AREA Sec. 34 T29N R10W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6726		12. COUNTY OR PARISH SAN JUAN

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(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, and 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.)

This well formerly operated by John P. Wiedemer has been plugged & abandoned as follows:

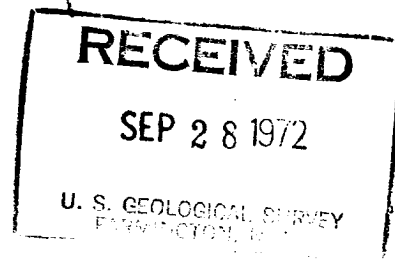
8-18-72 move in equipment, Rig Up.

8-19-72 Spot 25 ex plug 2467'-2500'

*8-21-72 Perf. 4 holes @ 1750', Squeeze 50% plug
Left Cement top inside leg @ 1500'*

Erect P&A Marker w/ 10% Surface Plug

*Former opor.
R.E. Jackson*



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

SIGNED *[Signature]* DIST. 3 TITLE *Asst. for Operator* DATE *9-1-72*

(This space for Federal or State office use)

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

*See instructions on Reverse Side