Form	9-331	
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UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE®

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to defill or to depend or slugs back to a different reservoir. (I)	DEPARTMENT OF THE INTERIOR verse side) 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 "APPLICATION FOR PERMIT—" for such proposals.)		Santa Fe C78004		
(Check Appropriate Box To Indicate Notice, Report, or Other Date Section 19, T 27N, R 10M 18. Check Appropriate Box To Indicate Notice of Notice, Report, or Other Date Section 19, T 27N, R 10M 19. Exercise or OTHER No. 11ne and 1850' from E. line of Section 19, T 27N, R 10M 10. Split Box Section 19, T 27N, R 10M 11. PERMIT NO. 11s. PERMIT NO. 1			6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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THE FRONTER REFINING COMPANY 4.040 East Louisians Ave., Donver, Colorado 8022 Licrativo or wile, Report location clearly and in accordance with any State requirements. A content of the state field of the state	OIL T GAS	TUFD.		1. UNIT AGREEMENT NAME	
Animals of with states of the state of the s		THE		8. FARM OR LEASE NAME	
ACAO East Louisians Ave., Deriver, Colorado 60222 Interview where the party location clearly and in accordance with any State requirements. Section 19, T 27N, R 10W Section 19, T 27N, R 10W II. BELLY TOWN 11. In and 1850' from E. line of Section 19, T 27N, R 10W II. Const on Farmer 19, T 27N, R 10W II. Const on Farmer 19, T 27N, R 10W Check Appropriate Box Io Indicate Nature of Notice, Report, or Other Data South Water State Of Harmer 19, T 27 - WATER SHOT-OFF FARCELIAN WILL STATE SHOT-OFF FARCELIAN ANALYSIS STATE AND ANALYSIS STATE THEAT WATER SHOT-OFF MULTIPLE COMPLETE SHOT OF STATE SHOT	3. ADDRESS OF OPERATOR 4040 Fast Louisiana Ave Denver. Colorado 80222				
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AT Section 19, T 27N, R 10M 14. PERMIT NO. 15. Section 19, T 27N, R 10M 16. REPARTORS (Show whether DF, RT, OR, CL.) 17. Section 19, T 27N, R 10M 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notices of Internation To: TEST WATER SHUT-OFF PRACTURE TRAIN MULLIPLE COMPLETE ARABOGE PLANS (Other) 17. Indicate Repair of Completion of Recompletion of Multiple completion of Recompletion Report results of Recompletion of Recompletion of Recompletion of Recompletion of Recompletion of Recompletion Report results of Recompletion Rep	4. LOCATION OF WELL (Report loc See also space 17 below.)	cation clearly and in accordance with an	y State requirements.*		
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE THEAT SHOT OF ACHIEF CASING HOLTIPLE COMPLETE ARABODA* CHANGE PLANS AMERIAL PLANS ALERAICHAE CASING ALERAICHAE CASING ALERAICHAE CLANS CHANGE PLANS CHANGE PLANS CHANGE PLANS ALERAICHAE CLANS ALERAICHAE CLANS CHANGE PLANS ALERAICHAE CLANICA ALERAICHAE CLANS CHANGE PLANS ALERAICHAE CLANS ALERAICHAE CLANS ALERAICHAE CLANS ALERAICHAE CLANS ALERAICHAE CLANS ALERAICHAE CLANS ALE	14. PERMIT NO.	15, ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
NOTICE OF INTENTION TO: THAT WATER SHUT-OFF FRATURE TREAT SHOOT OR ACIDIEN REPART WELL (Other) 17. DOES MEET MONOTHER OF CONFIRENCE OF C	•••	5915 GL 5926 I	O B	San Juan New Mexico	
TEST WATER SHOT-OFF PRACTURE TREAT NIDOT OR ACIDIZE MULTIPLE COMPLETE ABANDON' ABAN	16. Che			Other Data	
PRACTURE TREAT MULTIPLE COMPLETE ABANDON ABANDON ABANDON CHANGE PLANS (Other) Completion or Recompletion completion or Well Completion or Recompletion Report and Log form.) 17. hose sing principle of Recompletion Report and Log form.) Swab test on 9-12-66 recovered approximately 10 bbls. mud. Well now dead; suspect casing leak. Start re-work after approval is received. Move in workover rig; install BOP; kill well with water, if necessary; pull tubing forations with bridge plug set in 4-1/2" casing. Run packer on tubing and restore well to production. RECEIVED OCT 13 1966 U. S. GEOLOGICI SURVEY SIGNED TITLE Mgr: Drilling & Production DATS Oct., 12, 19 (This space for Federal or State office use)	NOTICE O	F INTENTION TO:	SUBSE	QUENT REPORT OF:	
ABANDON* (Other) (O	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
Charge Plans Charge Plans (Other) Charge Plans (Other) (Other		-		—	
(Other) (Note: Report results of multiple completes 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 start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sore near to this work.) Swab test on 9-12-66 recovered approximately 10 bbls. mud. Well now dead; suspect casing leak. Start re-work after approval is received. Move in workover rig; install BOP; kill well with water, if necessary; pull tubing forations with bridge plug set in 4-1/2" casing. Run packer on tubing and restore well to product a suspect casing; pull tubing establish depth of leak(s) by pump tests. Cement squeeze as necessary. Drill out cement and scrape casing. Pressure test casing; if O.K., drill 01966 out bridge plug and restore well to production. RECEIVED OCT 13 1966 U. S. GEOLOGICEL SURVEY SIGNED TITLE Mgr: Drilling & Production DATE Oct. 12, 19	T	-[(Other)		
Swab test on 9-12-66 recovered approximately 10 bbls. mud. Well now dead; suspect casing leak. Start re-work after approval is received. Move in workover rig; install BOP; kill well with water, if necessary; pull tubing Run casing inspection log to locate possible leak(s). Isolate Gallup forations with bridge plug set in 4-1/2" casing. Run packer on tubing establish depth of leak(s) by pump tests. Cement squeeze as necessary; brill out cement and screpe casing. Pressure test casing; if O.K., drill 0150 out bridge plug and restore well to production. RECEIVED OCT 13 1966 U. S. GEOLOGICAL SLIEVEY TITLE Mgr: Drilling & Production DATE Oct. 12, 19			Completion or Recon	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
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OCT 14 1966 *See Instructions on Reverse Side John L. WARD	OCT 14 1				