

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-020496  
6. IF INDIAN, ALLOTTEE OR TRIBE 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Bradley H. Keyes	8. FARM OR LEASE NAME Yockey
3. ADDRESS OF OPERATOR Box #42 - Aztec, New Mexico 87410	9. WELL NO. 2
4. LOCATION OF WELL: Report location clearly and in accordance with any State requirements.* See also space 17 below. At surface	10. FIELD AND POOL OR WILDCAT Fulcher Kutz
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-27N-11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON* Temp. <input checked="" type="checkbox"/>
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

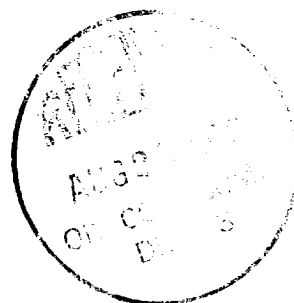
WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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 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.)\*

Well will not produce. Present plan is to rework well in the spring of 1979.

Well is temporarily abandoned.



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

SIGNED \_\_\_\_\_ TITLE Owner DATE 8/21/78  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side