

FD-201 (Rev. 1-25-64)

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-E1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078354

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to complete a well to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" (Form 201-100).

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Artes Oil and Gas

3. ADDRESS OF OPERATOR

Box 570, Harrington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with applicable requirements.*
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Riddle

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR ULR. AND

SURVEY OR AREA

13. PERMIT NO.

990 FSL & 1090 FSL

14. SIGNATURE (Typed name, title, or title)

Sec. 17-274-01

12. COUNTY OR TERRITORY, STATE

San Juan

New Mex.

16. Check Appropriate Box To Indicate Purpose 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

FRACURE TREAT

MULTIPLE COMPLETION

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Check, state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give substantial bearings and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to:

Pull 1" tubing
Clean out to a 10' or 200'
Run 3/8" casing
Perforate and sand-water treat
Run 1" tubing
Put back on production

RECEIVED

OCT 23 1968

U. S. GEOLOGICAL SURVEY
WASHINGTON



APPROVED BY _____

DATE _____

DATE 10-29-68

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

DATE _____

*See instructions on Reverse Side