PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Form 9–331 Dec. 1973			orm Approved. udget Bureau No. 42-R1424	
UNITED STATES DEPARTMENT OF THE INTERIOR	5,	LEASE SF 078673		
GEOLOGICAL SURVEY	6.	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 proposals to drill or to deepen or plug back to a different proposals to drill or to deepen or plug back to a different proposals to drill or to deepen or plug back to a different proposals to drill or to deepen or plug back to a different proposals to drill or to deepen or plug back to a different proposals to drill or to deepen or plug back to a different proposal to drill or drill		UNIT AGREEMENT	T NAME	
reservoir. Use Form 9–331–C for such proposals.)	8.	FARM OR LEASE N Schlosser		
2. NAME OF OPERATOR	9.	WELL NO.		
R & G DRILLING COMPANY 3. ADDRESS OF OPERATORC/O Walsh Engr. & Prod. Co		FIELD OR WILDCA W. Kutz Pict		
P. O. Drawer 419 Farmington, N.M. 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1	_ 11.	area Sec. 1	R BLK. AND SURVEY OR .O-T27N-R11W	
below.) AT SURFACE: 900'FSL, 990'FWL AT TOP PROD. INTERVAL: Same			M.P.M. SH 13. STATE New Mexico	
AT TOTAL DEPTH: Same	—I - · ·	API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA		ELEVATIONS (SH	OW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF TEST WATER SHUT-OFF				
SHOOT OR ACIDIZE	120	e e		
PULL OR ALTER CASING MULTIPLE COMPLETE	~*\L'	Change on Form	f multiple completion or zone n 9–330.)	
MULTIPLE COMPLETE CHANGE ZONES	_ક િ			

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 was plugged on 8/13/83

Location has been rehabilitated to NIP stipulations.

_____ Ft. Subsurface Safety Valve: Manu. and Type ... __ Set @ __ FOR: R & G DRILLING COMPANY

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

Wa Walsh Engr. & Prod. 2/3/83 TITLE Corporation _ DATE _ Production Foreman Dewayne Blance (This space for Federal or State office use) APPROVED BY __ DATE __ CONDITIONS OF APPROVAL, IF ANY:

ASCEPTED FOR RECORD

FFB 1

FACIMIENTS:

*See Instructions on Reverse Side

