Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 Form 9–331–C for such proposals.)

1. oil well ☒   gas well ☐   other

2. NAME OF OPERATOR
JOHN STAVER

3. ADDRESS OF OPERATOR % Pohlmann & Assoc.
Room 200, 3535, E. 30th, Fmtn, NM 87402

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2440'FNL & 2330'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
I-89-Ind - 57

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Table Mesa

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Table Mesa Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T27N, R17W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5327/GL5341 GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) _____

SUBSEQUENT REPORT OF:
☐
☐
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☐
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☐

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SEP 04 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

It is proposed to plug and abandon the well in the following manner:

1. Pull 2 3/8" tubing and Reda pump.

2. Spot 15 sack plug from TD @ 1361, to 1250 to cover Dakota perfs @ 1358-1360.

3. Spot 10 sack plug from 450 to 550.

4. Spot 5 sack plug @ surface with regulation marker.

5. Clean location.

Note: 5½" casing set @ 1375 and cemented w/ 300 saks & circulated to surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Agent _____ DATE 9-3-86

(This space for Federal or State office use)

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

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SEP 12 1986
OIL CON. DIV.
NMOCO

APPROVED
SEP 11 1986

*See Instructions on Reverse Side