

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

**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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
**Watson Associates**

3. ADDRESS OF OPERATOR  
**P.O. Box 255, Farmington, NM 87401**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1500' fnl, 820' fwl**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**5971 GR**

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-33042**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**None**

7. UNIT AGREEMENT NAME  
**None**

8. FARM OR LEASE NAME  
**Kimoco**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Wildcat**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**S25-T27N-R13W, NMPM**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**NM**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Perf'ing &amp; Testing</b> <input checked="" type="checkbox"/>	

(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.)\*

Jan. 24, 1979: Perforated Farmington Ss. 742' to 752' with 1 shot/per/ft. Swabbed hole from top of cement plug @ 990'. No gas, no water. Perforated Farmington Ss. 532' to 542' with 2 shots per/ft. Swabbed dry. SI show flam. gas, no water. SI 2 hrs. SIPC 122#. Swabbed again, water level @ 200'. Well making water. SI.

Jan. 25, 1979: SIPC 130#. Swabbed well. Slight show gas, moderate amount. water. Perforated 430' to 440' with 1 shot/ft. Swabbed sl. sho gas and increased in water.

Jan. 26, 1979: SIPC 152#. Swabbed well and ran 20 jts (652.75') 1 1/4", 2.4#, 10-rnd EUE tbg. with packer assembly and perf. nipple. Set packer @ 655.2'; perf nipple @ 654'. SI.

Jan. 27, 1979: Shut in.

Jan. 28, 29, & 30: Shut in.

Jan. 31, 1979: Swabbed well. No gas on tbg. side, slight amount csg. side. Est. 1 MCFPD. Well making approximately 1 to 2 bbl. fresh water/hr. No gas increase. Will Plug and abandon well.

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

SIGNED

*[Signature]*

TITLE **Agent**

DATE **Feb. 1, 1979**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC