

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 c/o Pohlmann & Associates,  
200 Petroleum Plaza Bldg. 3535 E. 30th St.  
Farmington, New Mexico 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  
below.) 920' 1268'  
AT SURFACE: 1082' FNL & 729' FNL, Sec. 3  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

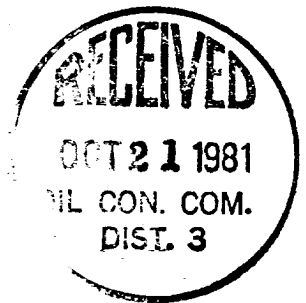
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  
TEST WATER SHUT-OFF ☒ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) Cement off water zone

5. LEASE  
I-89 Ind. 0000 57  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Tribal  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Table Mesa  
9. WELL NO.  
8  
10. FIELD OR WILDCAT NAME  
Table Mesa  
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Sec. 3, T.27N., R.17W.  
12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDS. AND WD)  
5369' GL

(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 and completion of work. If well is directionally drilled, give subsurface locations and  
measured and true vertical depths for all intervals and zones pertinent to this work.)\*

1. MIRM. Fmtn. Well Serv.
2. Run 2-3/8" tbg. to T.D. 1462'.
3. Cement open hole from 1462' to 1386'.
4. Swab test for water shut-off.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Agent DATE 9/14/81

APPROVED BY [Signature] (This space for Federal or State office use) DATE OCT 19 1981  
CONDITIONS OF APPROVAL, IF ANY: Acting Dist. Super.

\*See Instructions on Reverse Side

NM066