

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SEE INSTRUCTIONS ON REVERSE SIDE

Form approved by
Budget Office No. 42-21424.
G. BUREAU OF LANDS, LAND SERIAL NO.

SP-679634

SURVEY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
See "APPLICATION FOR PERMIT" for such proposals.

1. ☐ OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Arco Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Drawer 570, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
(Use space 17 below.)

1700 FSL & 990 FWL, Section 24-28N-10W

5. INDIAN, ANCESTRAL OR TRIBE NAME

6. UNIT AGREEMENT NAME

7. NAME OF LAND OWNER

McClanahan

8. WELL NO.

43

9. FIELD AND ROSS, OR WILDCAT

Fulcher Katz Picture Cliff

11. SEC., T., R., N., OR S.W. 1/4, AND
SURVEY OR 2222

Section 24-28N-10W

14. PERMIT NO.

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

5768 Gr

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SALINITY OR ACIDIZING

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

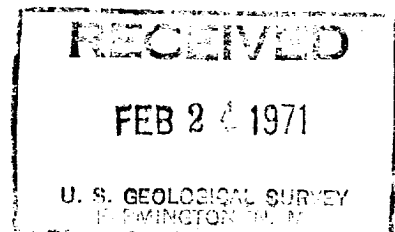
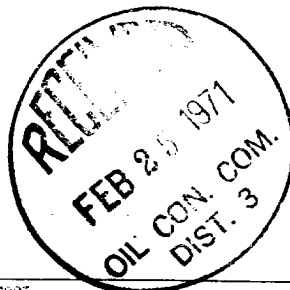
ABANDONMENT*

(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.)*

PROPOSED TO:

- (1) Pull 1" Tubing.
- (2) Clean out to TD of 1970'.
- (3) Set 3-1/2" casing at 1970' with 150 sacks of cement.
- (4) Perforate & Frac.
- (5) Run 1" tubing & Complete.



I hereby certify that the foregoing is true and correct

John P. Johnson

TITLE District Superintendent

DATE February 22, 1971

(Leave space for Federal or State office use)

APPROVED BY

TITLE

DATE

(Indicate date of approval, if any.)

*See Instructions on Reverse Side