

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078828

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallegos Canyon Unit

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

West Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T28N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

N. Mex.

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

Clinton Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 2434, Casper, Wyoming 82601

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

660' FSL and 660' FWL Sec. 27, T28N, R12W

14. PERMIT NO.

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

5751' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

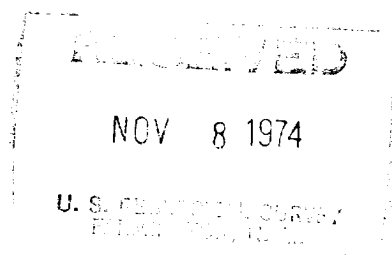
ABANDONMENT* ☐

(Other)

(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.)*

This is to advise you that we have soaped to cleanup and unloaded subject well and are testing to return to production.



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

SIGNED

W. J. [Signature]

TITLE

Rocky Mountain District

Production Manager

DATE

November 4, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE