

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 077966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallegos Canyon Unit

9. WELL NO.

38

10. FIELD AND POOL, OR WILDCAT

West Kutz Pictured Cliffs

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

Sec. 24, T28N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mex.

1.

OIL WELL ☐ GAS 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

1660' FNL and 735' FWL, Sec. 24, T28N, R13W

14. PERMIT NO.

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

5747' DF

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other) Return to Production

X

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.)*

This is to advise you that we plan to soap to cleanup and unload subject well, test and attempt to return to production.

NOV 8 1974

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

SIGNED

W. J. Smith

TITLE

Rocky Mountain District
Production Manager

DATE November 4, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side