Form	9-331
(May	1963

## **UNITED STATES** UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR (Other instructions on re-**GEOLOGICAL SURVEY**

Form approved. Budget Bureau No. 42-R1424.

0781	06	

(Do not use this form for	NOTICES AND REPORTS ON WELLS  proposals to drill or to deepen or plug back to a different reservoir.  PPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOT	TEB OR TRIBE NAME		
OIL X WELL O	THER	7. UNIT AGREEMENT	NAME		
2. NAME OF OPERATOR		8. FARM OR LEASE N	AME		
Sunray DX Oil Compar	. ·	Gallegos Car	nyon		
3. ADDRESS OF OPERATOR		9. WELL NO.			
P. O. Box 1416		149			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND FOOL, OR WILDCAT Totah Gallup			
		11. SEC., T., B., M., OI SURVEY OR AR	R BLK. AND		
1980' FNL & 1980' FW	T.	Sec. 17, T-2	28_N P_12_U		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARIS			
	5617 ' KB	San Juan	New Mexico		
16. Che	ck Appropriate Box To Indicate Nature of Notice, Report, a	or Other Data			

NOTICE OF INTENTION TO:		SUBREQUENT REPORT OF:						
			r	1	1		1	
TEST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT	_	ALTERING CABING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	L_J	CHANGE PLANS			(Other) Plug & Al	an	don	X
(Other)							of multiple completion on Well tion 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.) \*
- (1) Loaded hole w/mud.
- (2) Set 25 sx cmt plug (5526'-5226') to cover perfs.
- (3) Set 10 sx cmt plug @ surface.
- (4) Installed dry hole marker.
- Remove surface equipment and cleaned up location.

8. I hereby certify that the foregoing is true and correct SIGNED STATE ON Hastings		DATE _	May 16,	1967
(This space for Federal or state office use)		H. <del></del>		<del></del>
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITIÆ	DATE _		