

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF-078863

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Krause

9. WELL NO.

60

10. FIELD AND POOL, OR WILDCAT

Kutz Fruitland Ext.

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

Sec. 33-T28N-R11W

NMPM

12. COUNTY OR PARISH

13. STATE

San Juan

NM

1. OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

R&G Drilling Company

3. ADDRESS OF OPERATOR

c/o PO Box 254, Farmington, NM 87401

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

810°FNL, 1850°FEL

14. PERMIT NO.

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

5993°GR, 6003°DF, 6004°KB

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Change plans ☒(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.)*

The original plans were to drill and complete the well in the Pictured Cliffs formation. The well was drilled through the Pictured Cliffs formation, however, the well was only completed in the Fruitland formation.



JAN 25 1977

For: R&G Drilling Company

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

SIGNED

President, Walsh Engr.
& Prod. Corp.

DATE 1-24-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side