

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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.

65

10. FIELD AND POOL, OR WILDCAT

Kutz Fruitland

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

Sec. 33-T28N-R11 W  
N. M. P. M.

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

R & G Drilling Company

3. ADDRESS OF OPERATOR

c/o Walsh Engineering & Prod. Corp.

P.O. Box 254, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1190'FNL, 2050' FWL

14. PERMIT NO.

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

5869'GR, 5879'DF, 5880'KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒

REPAIRING WELL

☐

FRACTURE TREATMENT

☒

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

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.)\*

See Attached Sheet

For: R & G Drilling Company

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

SIGNED

Ewell N. Walsh, P. E.

(This space for Federal or State office use)

President, Walsh Engineering

& Production Corp.

DATE 3-16-78

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

