

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-078415

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hill

9. WELL NO.

#3-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Section 10, T29N, R8W

14. PERMIT NO.

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

6420' GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

CASING REPORT

(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.)*

9-27-76 Ran 90 jts of 7", 20#, K-55, 8rd casing. Total 3250.98'.
Shoe set at 3220', float collar at 3149'. Cemented with
110 sacks 65/35 Class "B" Poz with 12% gel followed by
70 sacks Class B with 2% CaCl. Plug down 12:45 AM.

10-1-76 Ran 75 joints of 4½", 10.50#, K-55, 8rd casing. Total 2484.38'.
Shoe set at 5559', float collar set at 5558', hanger set at 3063'.
Cemented with 20 barrels gel water, 245 sacks Class "B" with 4% gel,
¼ cu. ft. gilsonite per sack and .6 of 1% of D-19. Plug down at
11:40 PM. Reversed out 10 barrels cement.

RECEIVED

OCT 7 1976

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

SIGNED

TITLE

District Production Manager

DATE

10-4-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side