	DEPART	UNITED STATES MENT OF THE INTER SEOLOGICAL SURVEY	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. S. F. 079070	
	SUNDRY NOT (Do not use this form for propos Use "APPLICA"	ICES AND REPORTS (lais to drill or to deepen or plug lation FOR PERMIT—" for such p		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	OIL GAS WELL OTHER			7. UNET AGREEMENT NAME	
2.	NAME OF OPERATOR			8. FARM OR LEASE NAME	
	Elliott Oil Company	v		Mary C. Hagood	
3.	ADDRESS OF OPERATOR			9. WELL NO.	
	P.O. Box 1355 Ro	swell, New Mexico	88201	1	
- 1	LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA	
				Sec. 24 T. 30N R. 14W	
14.	PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
		5861		San Juan N. Mex.	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				
	NOTICE OF INTENTION TO:			ENT REPORT OF:	
	FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results	REPAIRING WELL X ALTERING CASING ABANDONMENT* of multiple completion on Well	
	(Other)		December	otton Bonout and Lonform)	

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.)*

A Casing leak was isolated between 3230 and 3515, set retrievable Guiberson Packer at 6070, Squeeze Packer at 3040. Squeezed 400 Sacks Max Pressure 1200 p. s.i. WOC 36 hours, drilled out hard cement 3120 to 3513. Pressure Test 1000# for 45 minutes- No drop. Hole cleaned out to 6354. Well cleaned up with 48 hour shut in pressure 1100#.



18. I hereby certify that the feether signed	TITLE Operator	DATE 6/19/80
(This space for Federal or State office use)		
APPROVED BY	TITLE	ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC JUL 7 1980

FARMINGTON DISTRICT