| Form | 3-331 |
|-------|-------|
| Other | 1963) |

UNITED STATES DEPARTMENT OF THE INTERIOR

| SUBMIT IN TRIPLICATE* |
|----------------------------|
| (Other Instructions on 16- |
| verse side) |

| | | Budg | et B | urea | u N | 0. 42-K | 142 |
|----|-------|------|------|------|-----|---------|-----|
| 5. | LEASE | DESI | GNAT | 102 | AND | SERIAL. | NO. |
| | | | . ~ | | | | / |

| GEOLOGICAL SURVEY | NM 04443 0 9 |
|--|--------------|
| UNDRY NOTICES AND REPORTS ON WELLS | 0. 1. |
| this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | |

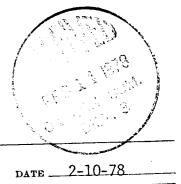
| P.O. BOX 3200, Casper, Wyoling 3200 with any State requirer Location of Well (Report location clearly and in accordance with any State requirer See also space 17 below.) At surface 1,765' FNL, 1,980' FEL (SW NE) | Horseshoe Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T30N-R16W |
|--|---|
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5,530 D.F. | Sec. 14-T30N-R16W 12. COUNTY OF PARISH 13. STATE San Juan New Mexico |

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO:

| NOTIC | E OF | INTENTION TO: | | 1 | _ |
|---|---------|---|---|---|---|
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE | | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) | ALTERING CASING ABANDONMENT |
| REPAIR WELL (Other) Tempora | arv | Abandonment | X | (Note: Report results Completion or Recomple | of multiple completion on Well etion Report and Log form.) |
| (0000) | -· · J | | | 2010 to the continue to the | inclinating exiting tell date of star |

Well was shut-in 10-13-77 due to uneconomical oil production. Evaluation of producing this well is in progress. We request approval to temporarily abandon this well pending outcome of present evaluation.

SEP 30 1978



| A series to true and correct | | | Was and the same of the same o |
|---|-------------|-------------------|--|
| 18. I hereby certify that the foregoing is true and correct SIGNED Alan B. Barrer | TITLE | Dist. Prod. Engr. | DATE |
| (This space for Federal or State office use) | | | |
| APPROVED BY | TITLE | | DATE |

^{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.) •