

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on Form 9-331)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE, DESIGNATION AND SERIAL NO.

NM 04443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

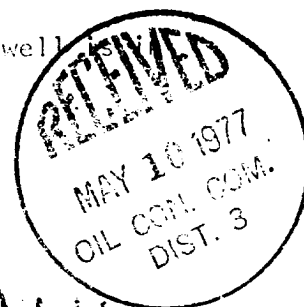
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		N. E. Hogback Unit	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
P. O. Box 3280, Casper, Wyoming 82602		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface:		10. FIELD AND POOL, OR WILDCAT	
820' FNL, 2170' FWL (NE NW)		Horseshoe Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	
5441 RDB		San Juan	
		13. STATE	
		New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☒	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Temporary Abandonment		(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.) *

Well was shut-in 4/27/76 due to no production. Evaluation of the well process. A Temporary Abandonment permit is requested.



RECEIVED

MAY 9 1977

18. I hereby certify that the foregoing is true and correct
SIGNED Terence L. Ruder TITLE District Clerk DATE 5/5/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: