

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.

**NE 677361**

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR		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
14. PERMIT NO.		11. SEC. T. R. M. OR BLE AND SURVEY OR AREA
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH
13. STATE		13. STATE

**P. O. Box 440, Farmington, New Mexico**

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**1800' SWL & 1900' SWL**

**5563' SW**

**34**

**Horseshoe Gulch**

**SW 1/4 NE 1/4 Section 10, T-36-N, R-13-E**

**Santa Fe New Mexico**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

In reference to our Form 9-331 of April 13, 1966, the subject Northeast Highway Well No. 34 was worked over as follows:

Moved in well service unit May 12, 1966 and pulled rods and tubing. The magnetic bridge plug was set at 1340' and the cement retainer was set at 1400'. Attempted to squeeze off perforations 1400-1512' with 150 sacks cement but failed to squeeze. Shipped on cement 4 hours and re-squeezed with 150 sacks cement with maximum 1500 psi but pressure would not hold, having since bleed off to 1200 psi. Reverted out 5 sacks cement.

Drilled out cement and sand using 1400-1500' and placed second perforations. Had bleed off at 900 to 500 psi. Set second magnetic retainer and set at 1400' and re-squeezed perforations with 150 sacks cement containing 12 ounces chloride. Had maximum 1400 psi. Shipped on cement 4 hours and attempted to pump into perforations with 200 psi. Could not pump into perforations, having since bleed off from 1400 psi to 1200 psi. Drilled out cement and sand to bridge plug. Tested perforations with 150 psi. Having since bleed to 500 psi.

Attempted to wash perforations with 30 gallons acid and re-tested squeezed perforations with 150 psi. Drilled out cement and bridge plug and cleaned out to 720 1442'.

(See reverse side)

18. I hereby certify that the foregoing is a true and correct copy of the original signed by the operator.

SIGNED G. W. H. H. H. TITLE Area Engineer DATE June 14, 1966

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

U. S. G. S.

