

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SP-080212

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Malco Copple

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Verde Calling

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

Sec. 6, T30N, R15W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Thomas A. Dugan

3. ADDRESS OF OPERATOR

Box 234, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

500' fsl 1980' fsl Sec. 6, T30N, R15W

14. PERMIT NO.

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

5440 GR.

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 COMPLETE ☒

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

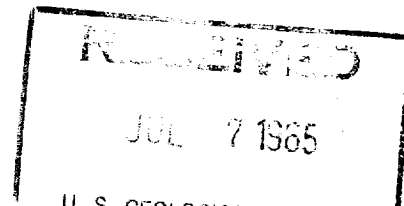
ABANDONMENT* ☐

(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.)*

Plan to plug and abandon well as follows:

- 1. Cement from T.D. to 2800' with 25 sx or sufficient to squeeze producing interval.**
- 2. Shoot pipe off at free point.**
- 3. Spot cement plug 50' in and 50' out of casing sub.**
- 4. Put 5 sx plug in top of surface pipe with standard dry hole marker.**



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

SIGNED **Original signed by T. A. Dugan**

TITLE

Operator

DATE

6-30-65

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: