

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☐
2. NAME OF OPERATOR  
Ladd Petroleum Corp.
3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1120' FSL - 1600' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

RECEIVED  
INDEXED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Request permission to plug well as follows:

1. Fill 2-7/8" O.D., 6.4#, JCW-55, 10R, NEUE tubing for casing from PBTD 1189' to surface with cement, using 33 sx cement.
2. Install permanent dry hole monument.
3. Fill all pits.
4. Clean well location of all equipment, pipe, junk, and trash.
5. Will complete surface restoration as specified by the surface management agency or landowner next planting season.
6. Cut off or remove tie-downs.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

by certifying that the foregoing is true.

*Sherman E. Dusa*  
Sherman E. Dusa

Agent

DATE \_\_\_\_\_

5-5-82

APPROVED BY

**APPROVED**

TITLE

DATE \_\_\_\_\_

CONDITIONS C

APPROPRIATE: MAY 1982

*For* JAMES F. SIMS  
DISTRICT ENGINEER

See Instructions on Reverse Side