## TED STATES DEPARTMENT OF THE INTERIOR (Other instruct. on re-

Form approved.
Budget Bureau N
5. LEASE DESIGNATION AND
Ute Mtn. Triba/ 42-R1424.

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	1000		41.0			_					 

 		- LU UV/		
 6. IF	INDIAN,	ALLOTTEE/	OR TRIBE NAME	

GEOLOGICAL SU		14-20-604-82					
SUNDRY NOTICES AND REI		6. IF INDIAN, ALLOTT	EE/OR TRI	IBE NAME			
(Do not use this form for proposals to drill or to deep	reservoir.	Ute Mtn. Tribe of Indians					
Use "APPLICATION FOR PERMIT-							
OIL GAS		1	7. UNIT AGREEMENT	NAME			
WELL STHER			8. FARM OR LEASE NAME  Ute-Indian  9. WELL NO.				
2. NAME OF OPERATOR		Ī					
Empire State Oil Company							
3. ADDRESS OF OPERATOR			e. wall no.				
Box 871 Thermopolis, 1	wyoming newith any State regularment	s •	10. FIELD AND POOL,	OR WHEDO	'A'T		
See also space 17 below.) At surface	, , , , , , , , , , , , , , , , , , ,		Verde Gall				
	***		11. SEC., T., R., M., O.	B. BLK. ANI	<b>(</b> )		
700' FSL & 1940' FEL Sec. 20-T31N-R	14 <b>W</b>		SURVEY OR AR		-		
			20-31N-14W	N.M.	PH		
14. PERMIT NO. 15. ELEVATIONS (Sho	ow whether DF, RT, GR, etc.)		12. COUNTY OR PARI	SH 13 %	(2).		
5618	GR		San Juan New Mexic				
		n 0	.1 .				
Check Appropriate Box To	Indicate Nature of Notic	e, Report, or O	ther Data				
NOTICE OF INTENTION TO:		SUBSEQUE	ENT REPORT OF:				
TEST WATER SHUT-OFF PULL OR ALTER CASING	water sh	UT-OFF	REPAIRING	wall			
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE	TREATMENT	. ALTERING	CASIN:			
SHOOT OR ACIDIZE ABANDON*	SHOOTING	OR ACIDIZING	ABANDON	IENT*	<b>X</b> _		
REPAIR WELL CHANGE PLANS	(Other) _						
(Other)			of multiple completic tion Report and Log		.i		
<ol> <li>Set 7 sacks cement plug in 2-7/</li> <li>Filled hole with mud.</li> <li>Set 5 sack cement plug in top of the sack cement plug in 2-7/</li> </ol>			OIL CON DIST.				
4. Set 30 sack cement between 5-1/				: to 7:	2 .		
5. Erected regulation dry hole man	ker and cleaned lo						
C 1/-11 alummad d shamdom. d 11 6	0C_66		BEIVE	F. 3			
6. Well plugged and abandoned 11-2	27-00.	W =		11 11			
		<u></u>		Ш			
		14/	E S 1967				
		U.S.GEO D'IRA	LOGICAL SURVEY				
18. I hereby certify that the foregoing is true and correct				 22 me 2			
SIGNED Thomas E. Fenno	TITLE Engineer		DATE	.2-01			
(This space for Federal or State office use)			<del></del>	I .			
			Y				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE				

APPROVE

MAR 28 1967

E. A. SCHMIDT ACTING DISTRICT ENGINEER \*See Instructions on Reverse Side



