

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Give instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424

SUNDY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to add, delete, or alter existing well logs different reservoir.
Use "APPLICATION FOR A WELL LOG" for such purposes.)

1. ☐ OIL ☐ GAS ☐ OTHER
WELL ☐ WELL ☐ OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in detail. See space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATION (Show whether at top, at base)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRAIL NAME

7. UNIT AGREEMENT NAME

8. FIELD OF OPERATOR

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., E., OR S.W. 1/4, AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

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 COMPLETION ☐

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.)*

12-6-68

Rigged up unit, set shock in tubing, laid 3" blow line. Blew well down & installed NOPS. Packed out of hole and dressed stinger. Ran 2000' tubing. Encountered gas tubing. Found hole in tubing. Shut in tubing, set packer, into casing. Packed out of hole.

RECEIVED

JAN 13 1969

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.



APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TAKEN _____

DATE _____

*See Instructions on Reverse Side