

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.

MOO-C-1420-1722

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Ute 25

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

SEC. 25-T31N-R15W

12. COUNTY OR PARISH 13. STATE

San Juan N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Minerals Management Inc., Clinton Oil Co.,
Clenn A. Dow and T. Keith Marks

3. ADDRESS OF OPERATOR

501 Airport Dr., Farmington, New Mexico 87401

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

See also space 17 below.)
At surface

900 FSL 2100 FWL SEC. 25-T31N-R15W

14. PERMIT NO.

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

5460 DF

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) Surface Casing ☐

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.)*

Spudded 2-8-75

2-9-75 Drill 12 1/4" hole to 160'. Ran 153' - 8 5/8" 36# J-55 Csg.
Set at 160'. Cemented with 150 sacks w/2% CaCl. Circulate
cement. WOC 16 1/2 hours. Pressure tested casing and BOP
to 850 psi for 30 minutes, OK.

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

SIGNED

J. Arnold Snell

TITLE

Area Manager
Minerals Management Inc.

DATE 4-23-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: