

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WATER RESOURCES DIVISION

14-320-15W

1. NAME OF WELL: 1880 FSL & 630 FEL, Section 14-320-15W
(Use last two digits of well number to fill in 14-320-15W. Do not fill in 14-320-15W.)

2. NAME OF OPERATOR: Oil & Gas Company

3. NAME AND ADDRESS OF OPERATOR: Section 14, Farmington, New Mexico

4. LOCATION OF WELL (Show location clearly and in accordance with any State or Federal requirements. See instructions on reverse side of permit.)

5. COUNTY OF WELL: San Juan

6. STATE OF WELL: New Mexico

7. PLANT NO.:

8. ELEVATIONS (SHOW WHETHER LF, HT, GN, ETC.):

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLET	☐
SHOOT OR ACIDIZ	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐	(Other)	☐

(NOTE: Report results of testing completed within 10 days of completion of operations. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all barriers and zones pertinent to this work.) *

11. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion, if proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all barriers and zones pertinent to this work.) *

Recovered 21 Bbls. In June - 447 Bbls. To Be Recovered.



12. I hereby certify that the above information is true and correct:

(Signature) [Signature] TITLE District Superintendent DATE July 14, 1970

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: