

U.S. G.S. (100-1000)

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

REQUIREMENTS IN TRIPPLICATE
INSTRUCTIONS ON RE-

Form appended
Sheet 1 of 2

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Masec Oil & Gas Company	8. FARM OR LEASE NAME Vasaly Federal
3. ADDRESS OF OPERATOR P. O. Drawer 5704 Farmington, New Mexico	9. WELL NO. 30-Y
4. LOCATION OF WELL (Give location clearly and in accordance with any State requirements. See also space 17 below.) at surface 790' FWL & 1775' FWL Section 31-32N-11W	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6463 GR
12. COUNTY OR PARISH San Juan	13. STATE New Mexico

16. Check A or B to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

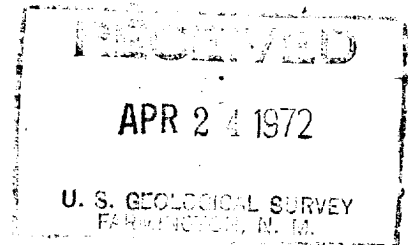
(Other) _____

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. D. RE-PROPOSED OR COMPLETED OPERATIONS (Clearly state all operations, and give pertinent dates, including estimated date of starting any work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4-10-72 Drilled to TD 5250', Ran 150 jts of 7", 20# casing, set at 5254' KB, stage collar set at 3249', tested to 1500#, tested ok.

4-19-72 Ran 15 jts of 4 1/2", 10.50# liner, set at 5650L, float collar set at 5650L, top of liner set at 5156', cleaned out cmt to 5300'. Tested liner to 1500#, tested ok.



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

Signed: [Signature] Title: District Superintendent Date: 4-21-72

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Form G.S. 100-1000