Form	9-331
(May	1963)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*

Form approved, Budget Bureau No. 5. LEASE DESIGNATION AND SERIAL NO.

SF	0781	46A			
6. IF	INDIAN.	ALLOTTEE	OR	TRIBE	NAME

	SUNDRY	NOTICE?	AND	KEPOK15	ON	WELLS
(Do not	use this form fo	r proposals to	drill or to	deepen or plug	back to	a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals.)

OIL WELL GAS WELL

Kimbark Operating Co. ADDRESS OF OPERATOR

NAME OF OPERATOR

1580 Lincoln St. #700 Denver, CO 80203

OTHER

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1120' FSL & 1120' FWL

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6125 KB

Horton 9. WELL NO.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

12 10. FIELD AND POOL, OR WILDCAT

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

Sec. 27: T32N, R12W

12. COUNTY OR PARISH | 13. STATE San Juan New Mexico

16.

14. PERMIT NO.

(Other)

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

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS

SUBSEQUENT REPORT OF: REPAIRING WELL WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT SHOOTING OR ACIDIZING TOP OF CEMENT ABANDON MENT* (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.) *

The $4\frac{1}{2}$ " production casing was cemented with 200 sx of 50/50 poz By survey the top of cement is 1890' down from surface.

ACCEPIEN FOR RECORD

APR 06 1981

FARMINGTON DISTRICT



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

Agent

3/26/81 DATE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MMOCC