

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
verse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-0145385

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDY 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. NAME OF OPERATOR WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MORTON FARM	8. FARM OR LEASE NAME MORTON FARM
3. ADDRESS OF OPERATOR Box 100, Santa Fe, N.M. 87502	9. WELL NO. 35
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also Spec. 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT INDIAN SPRING
11. PERMIT NO. 1655 FARM 1652.3 F.W.L. Sec. 29 (Unit 1, Sec. 1, N.M.)	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 29-3-35 NM PM
12. ELEVATIONS (Show whether LF, RT, GR, etc.) 4218' R.D.B.	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ SHUT IN WELL

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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

17. DESCRIBE IN BRIEF THE 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 the work.)

This well pumped 31 days in January, 1971 and failed to make any oil. Shut-in 2-1-71 pending further evaluation.

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

SIGNED _____

TITLE AREA SUPERVISOR

DATE 1-1-71

(This space for use by State office use)

APPROVAL OF
CON. OFFICE OF APPROVAL, IF ANY:

TITLE

DATE

0-9 USGS-1

1- NC 1

1- COSA

*See Instructions on Reverse Side

RECEIVED
JAN 5 1971
U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO