

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
verse side)

3*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

4-M-044701-C
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Geror Oil Ltd., 1962 | | 8. FARM OR LEASE NAME Royal | |
| 3. ADDRESS OF OPERATOR 1815 E. Broadway, Tuscon, Arizona 85719 | | 9. WELL NO. #3 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL | | 10. FIELD AND POOL, OR WILDCAT Cheveroo | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-7-33 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4437' GR | | 12. COUNTY OR PARISH Roosevelt | |
| | | 13. STATE N. M. | |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

(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.)*

1. Spotted a 25 sx plug to cover all perforations.
2. Loaded hole w/mud-laden fluids.
3. Spotted a 25 sx plug from 1700'-1800'.
4. Spotted a 25 sx plug across casing stub, 1340'.
5. Spotted a 25 sx plug in and out of base of surface casing.
6. Spotted a 10 sx plug in top of hole, erected a 4" regulation marker.
7. Well was plugged & abandoned on 3/19/73.

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

SIGNED

[Signature]

TITLE

Agent

DATE

3/20/73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 24 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side