

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A | | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2027 | | | | | | | | | | | | |
| 2. NAME OF OPERATOR Claude C. Kennedy | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal | | | | | | | | | | | | |
| 3. ADDRESS OF OPERATOR 1249 Chaco Ave., Farmington, New Mexico 87401 | | 7. UNIT AGREEMENT NAME | | | | | | | | | | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 265'fsl, 1485'fel AD 30-045-20432 | | 8. FARM OR LEASE NAME Deb | | | | | | | | | | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5033 Gr. | 9. WELL NO. 14 | | | | | | | | | | | | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data: | | 10. FIELD AND POOL, OR WILDCAT Slick Rock Dakota | | | | | | | | | | | | |
| <p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> </tr> </table> | | TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | 11. SEC. T. R. MT. OR BLK. AND SURVEY OR AREA 36. 30N. 17W. |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | | | | | | | | | | | | |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | | | | | | | | | | | | |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | | | | | | | | | | | | |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | | | | | | | | | | | | |
| | | 12. COUNTY OR PARISH. 13. STATE San Juan New Mex. | | | | | | | | | | | | |

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.)*

Spot cement plug 640-TD766 w/20 sacks,
Spot cement plug 150-250 w/10 sacks,
Spot 2 sack plug in surface,
Cut surface casing off 3' below ground level and welded on cap in alfalfa field. Job complete 3-20-1969.

RECEIVED
MAR 20 1969
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

SIGNED Claude C. Kennedy TITLE Operator

DATE 3-24-69

(This space for Federal or State office use)

APPROVED BY APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side