

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-1305

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ah-Ka-Ne-Pah Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BSK Edna

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Long Pine District EXT.

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

8, T17N, R6W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Claude C. Kennedy

3. ADDRESS OF OPERATOR

1249 Chaco Avenue Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

2200' N, 1650' W

14. PERMIT NO.

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

7035 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Surface Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐
☒

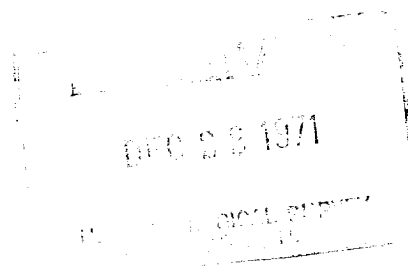
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Spud Well 12-20-1971

TD 66 Waiting on Rotary Tools

Ran 2 joints 8 5/8 casing, set at 66 feet, cemented with 40 sacks Class A cement, 2% CaCl.



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

SIGNED Claude C. Kennedy

TITLE The Boss

DATE 12-22-1971

(Leave space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____