

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-11424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NCO-C-14-20-4305	
2. NAME OF OPERATOR Basin Fuels, Inc. (Formerly Burr & Cooley)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo-Allotted	
3. ADDRESS OF OPERATOR 152 Petroleum Center Bldg., Farmington, N. Mexico See also space 17 below. At surface		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 2310' FNL & 1650' FWL		8. FARM OR LEASE NAME Lone Pine	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7039 GL & 7050 K.B.		10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota "D"	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8, T17N, R8W	
		12. COUNTY OR PARISH McKinley	13. STATE N. Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

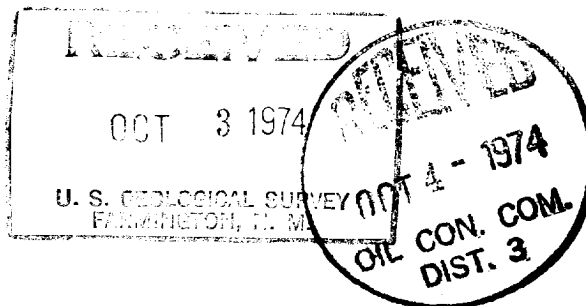
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Well is non-commercial. 0 BO and 23 BW PD.

Plug and Abandon Procedure

MIKU casing pulling unit. Spot 35 sk. cement plug over Dakota "D" zone 2817-2831 ft. Shoot off csg. at estimated 1100 ft. Spot 35 sk. cement plug in stub (100 ft. above and below). Spot 10 sk. cement plug at surface. Install dry hole marker. Clean up location.



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

SIGNED Jack D. Cook TITLE Agent DATE 9-24-74  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: