

**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.

14-20-0603-1666

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allotted

7. UNIT AGREEMENT NAME

John Toledo

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 7 T18N R4W

12. COUNTY OR PARISH | 13. STATE

Sandoval

N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Theron J. Graves

3. ADDRESS OF OPERATOR
PO Box 2077 Farmington, New Mexico 87041

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Sec 7 T18N R4W, NMPM,

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

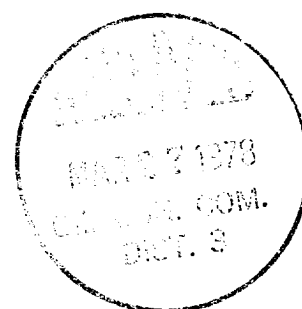
ALTERING CASING

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.)*

Abandoned plans to drill at this time.



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

SIGNED

Theron J. Graves

TITLE

Operator

DATE

3/22/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Chal

ST

*See Instructions on Reverse Side