

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 checked="" type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-9917
2. NAME OF OPERATOR KERR-McGEE CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 215 Petroleum Center Building, 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 1840' FNL and 1870' FEL, Sec 9, T23N, R20W		8. FARM OR LEASE NAME Navajo "M"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 9116' GR ungraded		10. FIELD AND POOL, OR WILL CAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9, T23N, R20W, NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 drilled to 4753' and logged. No shows, dry hole. The last casing is 9 5/8" at 1303'. The following cement plugs will be set:

Plug No. 1	250 sxS	4200-4753' (TD)
Plug No. 2	50 sxS	3496-3596'
Plug No. 3	50 sxS	1944-2044'
Plug No. 4	50 sxS	1253-1353'
Plug No. 5	10 sxS	Surface

Hole between plugs will be filled with drilling mud. A dry hole marker will be placed on top of the 9 5/8" casing and the casing stub capped.

CONFIRMING VERBAL REQUEST

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

SIGNED C. D. Williams

(This space for Federal or State office use)

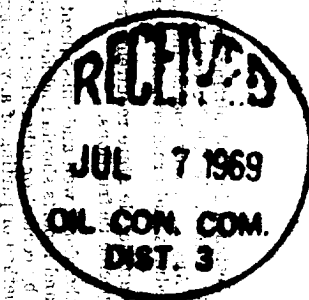
TITLE Production Superintendent

DATE July 3, 1969

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



- 5 USGS
- 1 NMOCC
- 1 Tribe
- 1 JIFisher 1 RWKing
- 1 WRF
- 1 RF

\*See Instructions on Reverse Side

