SUBMIT IN TRIPLICATE*

(Other instructions on

Form approved. Budget Bureau No. 42-R1425.

		ED STATES	reverse si	ide)	33-045-	20112
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY					5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-9499	
1a. TYPE OF WORK					Havaja Tribe	
	.L 🖪	DEEPEN 🗌	PLUG BAC	CK 🗌	7. UNIT AGREEMENT	NAME
b. TYPE OF WELL		9	INGLE MULTIP			
OIL GAS	OTHER C		INGLE MULTIP		8. FARM OR LEASE NA	_
. NAME OF OPERATOR					Navajo Iri	bal
coy L. Cook					-	
3. ADDRESS OF OPERATOR					10. FIELD AND POOL, OR WILDCAT	
1110 want of her fiexico de luing, Albuquerque, her hexico \$7/101					-1	
i. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface					Core Hole	
اذ: 'نور	., 1950' FML				AND SURVEY OR A	REA
At proposed prod. zone					Sec 10, 122N, K14m, B.M.P.	
4. DISTANCE IN MILES A	E+		12. COUNTY OR PARISI	_		
		i. W of Lake W			San Juan	New hextco
5. DISTANCE FROM PROPOS		16. N	O. OF ACRES IN LEASE	17. No. C	OF ACRES ASSIGNED HIS WELL	
LOCATION TO NEAREST PROPERTY OR LEASE LI	NE, FT.	ا ن	320	10 1	Sone	
(Also to nearest drig. unit line, if any) 8. DISTANCE FROM PROPOSED LOCATION*			ROPOSED DEPTH	20. ROTA	ROTARY OR CABLE TOOLS	
TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.			1500'	hotery with air		
21. ELEVATIONS (Show whe 3C2	L. Sin	PROPOSED CASING AN	D CEMENTING PROGRA		Kovenber 5,	1969
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT SETTING DEPTH		T	QUANTITY OF CEMENT	
4 i ·	Notic					
				-		
not being dri	lled for oil o	ing unit is ava	ilable, the hol	ie wil l		
MELL IS BEING TO HOLE FOR GLOVE GNESS NO CIRCUMS	HURO TO A DIDAT O	RIULIV LU DE ONI E APRI 7 1969		NOV	5 1969	

DIST. 3 IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to descen or plug back, give data on present productive sone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. (This space for Federal or State office use) APPROVAL DATE ___ PERMIT NO. _ 21 DATE TITLE APPROVED BY _ CONDITIONS OF APPROVAL, IF ANY: