

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-326	
2. NAME OF OPERATOR (Weldon S. Guest & I. J. Wolfson) <i>Sun Oil Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo allotted Joan White allottee	
3. ADDRESS OF OPERATOR 1011 Hamilton Bldg., Wichita Falls, Texas 76301		7. UNIT AGREEMENT NAME Central Bisti	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL 1986' FEL <i>660 FUL</i>		8. FARM OR LEASE NAME Joan White <i>CBU</i>	
14. PERMIT NO.		9. WELL NO. <i>CBU #28</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6197 GR		10. FIELD AND POOL, OR WILDCAT Bisti (Lower Gallup)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9 25N 12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

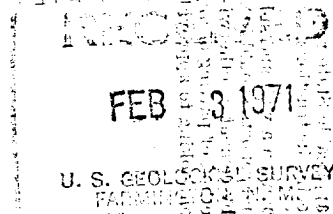
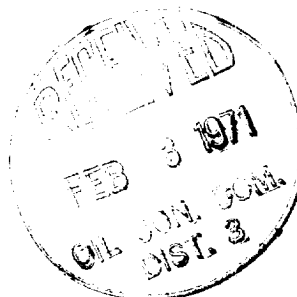
NOTICE OF INTENTION TO:		SUSSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input 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.)\*

20 sx plug across Gallup sand 4700-4800  
40 sx plug in and out of stub  
60 sx plug 1070-1220  
40 sx plug 275-375  
2 sx plug in top of 8-5/8 surface pipe.

Intend to start operations upon approval.



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

SIGNED *Weldon S. Guest* TITLE *Partner* DATE *2-1-71*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: