Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NOO-C-14-20-4151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo

7. UNIT AGREEMENT NAME:

1. OIL WELL X GAS WELL ___ OTHER

2. NAME OF OPERATOR: Brooks Hall Oil Corporation

8. FARM OR LEASE NAME: Navajo Tribe

3. ADDRESS OF OPERATOR: 101 Park Avenue, Suite 600, Oklahoma City, Okahoma 73102

9. WELL NO.: AO2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 1980' FWL

NE SW

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 22-25N-19W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): DF 6021; GL 6008

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		WATER SHUT-OFF	
FRACTURE TREAT	X	FRACTURE TREATMENT	X
SHOOT OR ACIDIZE	X	SHOOTING OR ACIDIZING	X
REPAIR WELL		(Other)	
(Other)			

(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.)*

Treated perfs @ 6146-48; 6153-60; 6166-74 w/2000 gals 15% acid. Swabbed down. Very sli sho gas. Treated perfs @ 6103-31 w/1000 gals 15% acid. Swabbed down & tested 2 bbls SW/hr, less than 10% oil. Gas will not burn.

We plan to perf & test the Mississippi Zone @ 5810-5946 perforating 1 hpf w/retrievable bridge plug @ 6000'.

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

SIGNED ___ TITLE Vice President - Opers DATE 8-8-77

(This space for Federal or State office use)

APPROVED BY ___ TITLE ___ DATE ___

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side