

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5195
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, WY 82601		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 1500' FSL & 1500' FWL		8. FARM OR LEASE NAME Navajo (K-19)
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6598' G.L.		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T.25N., R.10W.
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

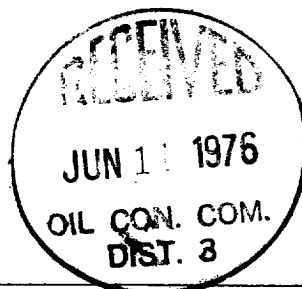
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Supplementary Well History	

(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.)*

Spudded 12-1/4" hole at 3:00 p.m., 6-4-76.

Drilled to 735'. Ran and cemented 14 joints and 1 piece (722') of 8-5/8", 24#, J-55, 8RD, ST&C, new casing at 735' with 450 sacks class "A" cement with 2% Calcium Chloride mixed at 15.8#/gallon. Displaced with water with full returns. Cement circulated to surface. FPDP 800#. Bumped plug with 1300#. Released pressure and float held O.K. J.C. & C.I.P. at 8:00 a.m., 6-5-76. W.O.C. 12 hours. N.U. Tested B.O.P. and casing to 1200# for 1/2 hour, O.K. Drilled to 2876'. Incomplete.



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

SIGNED R. G. Ladd, Jr.TITLE District Drilling Supt. DATE 6-7-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____