

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> WILDCAT	5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5246
2. NAME OF OPERATOR LUDWICK EXPLORATION CO.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO ALLOTTED
3. ADDRESS OF OPERATOR P.O. Box 70 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'FWL, 1010'FSL	8. FARM OR LEASE NAME AH-NUS-BAH
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.). 6485 Gr.	10. FIELD AND POOL, OR WILDCAT WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T25N, R11W
	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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Production Casing</u> <input checked="" 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 bones pertinent to this work.)*

3-14-81 TD 1900' PB 1860' WOC
Ran 62 jts, 2-7/8, 6.5#, used, N-80,
Set @ 1890', cemented 130 sacks 50/50 POZ,
followed by 60 sacks, Neat Class 'B',
2% CaCl₂, circulated 2 bbls, P.D. @ 4:00 P.M.
on 3-14-1981. WOC.

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

SIGNED Frank C. Kennedy TITLE Agent DATE 3-20-1981

(This space for Federal or State official use.)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

NMOCC

*See Instructions on Reverse Side

MAR 25 1981

FARMINGTON DISTRICT

BY 2