

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions on
verse side)

Form approved
Budget Item No. 42-R1424
STATE DEPARTMENT AND BUREAU NO.

NOO-C-14-20-5432

SUNDRY NOTICES AND REPORTS ON WELLS

(This form is to be used for notices to drill or to deepen or plug back to a different reservoir
and for reports on wells. See instructions on reverse side for details.)

1. NAME OF OPERATOR
OTHER

2. NAME OF COMPANY

MEXICO, INC.

3. ADDRESS OF OPERATOR

P. O. Box 77, Cortez, Colo. 81321

4. PURPOSE OF NOTICE OR REPORT (Check appropriate box and in accordance with any State requirements.)

7. UNIT AGREEMENT NAME

8. LEASE OR TRACT NAME

Navajo Tribe "BU"

9. WELL NO.

1

10. WELL AND POOL, OR WILDCAT

Tectio Dome

11. TOWNSHIP, RANGE, MERIDIAN, AND
SECTION OR AREA

Sec. 34, T26N R18W

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

14. DEPTH OF WELL (Show whether DE, RI, GR, etc.)

5605' GR

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

NATURE OF INTEREST TO:

SUBSEQUENT REPORT OF:

<input type="checkbox"/> TEST WATER EQUIPMENT	<input type="checkbox"/> RILL OR ALTER CASING
<input type="checkbox"/> LEAKY WELL TREAT	<input type="checkbox"/> MULTIPLE COMPLETION
<input type="checkbox"/> STOPPING OR ABANDON	<input type="checkbox"/> ABANDON*
<input type="checkbox"/> REPAIR WELL	<input type="checkbox"/> CHANGE PLANS
<input type="checkbox"/> OTHER	

<input type="checkbox"/> 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 checked="" type="checkbox"/> ABANDONMENT*
<input type="checkbox"/> (Other)	

(Note: Report results of multiple completion on Well Completion or Recombination Report and Log form.)

15. OTHER INFORMATION CONCERNING OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depth. For all markers and zones pertinent to this well.)

3-8-77. Tagged collapse at 3461'. Cmt. squeezed with 50 sx at 3459'. Cut csg. at 2415'. Tagged at 2391', set 50 sx. cmt. plug 2245 - 2391'. Set 100 sx. plug 1429 - 1717'. Set 10 sx. plug at surface. Set proper marker, salvaged all remaining wellhead equip, cleaned up location.



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

SIGNED Wm. R. Mary TITLE Field Foreman

DATE 3-31-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

HMOC(3) SGS(4) GLE-ARM-JHP