

Form 9-371
(May 1965)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pet. Inc.

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Undesignated - P.C.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T28N, R15W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5665' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

4-21-75

Moved in Morrow Drilling Company rig and drilled 7-7/8" surface hole to 20' and ran one jt 5-1/2" csg. TE 20' set at 20' GR cemented with 5 sx to surface. WOC.

4-23-75

TD 661'. Finished running 26 jts 2-7/8" OD 5.9# 10V line pipe for csg. TE 662.92' set at 657' GR with top of OH packer at 618' GR cemented with 10 sx. Installed 2-1/2" plug valve for master valve. Job complete 2:00 PM, 4-22-75.

MAY 1 1975

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

SIGNED

Thomas A. Dugan

TITLE

Engineer

DATE

4-29-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side