

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No.

5. LEASE DESIGNATION AND S

14-20-603-2014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fruitland Amarillo

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

26, T29N, R15W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mex.

1.

OIL WELL ☐ GAS WELL ☐ OTHER

Dry Hole

2. NAME OF OPERATOR

Walter Duncan

3. ADDRESS OF OPERATOR

Box 234, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

560' FSL 595' FWL
Sec. 26, T29N, R15W

14. PERMIT NO.

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

5361 Gd

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.)*

1. Squeeze perf. 4588-4623 with 10 sx cement.

2. Shoot off casing at 2625'.

3. Spot 15 sx plug from 2675' to 2575'.

4. Spot 30 sx plug 850 - 950.

5. Fill hole with fluid.

6. Place 5 sx plug top surface casing

7. Erect dry hole marker.

8. Clean up location.



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

SIGNED Original signed by T. A. Dugan

TITLE Engineer

DATE 9-17-64

(This space for Federal or State office use)

APPROVED BY SA
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE