

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

Northwest Cha Cha

8. FARM OR LEASE NAME

NW Cha Cha Unit

9. WELL NO.

24-22

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

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

Sec 22-29N-14W NMPM

14. PERMIT NO.

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

5664' KB

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

18. 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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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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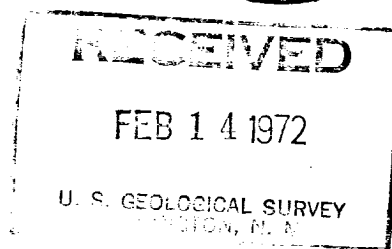
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

- 12-7-71 - Mix and pump 40 sack cement plug 5000-5347' squeezed at 1900 psi.  
12-10-71 - Tubing stuck at 5000', shot tbg off at 4620', spot 15 sack cement plug 2750-2650', 15 sack cement plug 950-1050', 12 sack cement plug 0-30', squeezed 12 sack cement in 5½ x 8-5/8" annulus.  
12-11-71 - Set regulation dry hole marker in top of casing. Intervals between plugs filled with mixed mud.  
2-7-72 - Location cleaned ready for inspection.

cc: 2- NM O&G Commission

- 1 - Minerals Supervisor - Navajo Tribe  
1 - Midland  
1 - Clinton



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

SIGNED

TITLE Dist. Superintendent

DATE 2-9-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side