

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-6359

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fruitland Navajo

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

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

Sec. 22, T29N, R15W-NMFM

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mex.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Plugged & Abandoned**

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1621, Durango, Colorado 81301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface

660' PSL, 660' FWL

14. PERMIT NO.

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

5286' GR

5297' RB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

(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.)*

TD 4583'. Well non-commercial. Plugged and abandoned 6/2/66 as follows:

Cut and pulled approximately 2000' of 4 1/2" casing.

Set 10 sack cement plug on bottom.

Set 30 sack cement plug in 4 1/2" stub 2012-2132'.

Set 35 sack cement plug 350-450'.

Set 5 sack cement plug at surface.

Erect dry hole marker and cleaned location.



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

SIGNED **ORIGINAL SIGNED BY:**
H. D. HALEY

TITLE **District Manager**

DATE **6/23/66**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

USGS(3) NMDC(2) JAN DRB NDM