

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
SUBURBAN GAS PROPANE CORPORATION

3. ADDRESS OF OPERATOR
P. O. BOX 108, FARMINGTON, NEW MEXICO 87401.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
**720' FNL 7 350' FEL
Sec. 20 - 29N - 14W**

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5210 K.B.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-2200-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NAVAJO

7. UNIT AGREEMENT NAME
N. W. CHA CHA UNIT

8. FARM OR LEASE NAME
N. W. CHA CHA UNIT 20

9. WELL NO.
41-30

10. FIELD AND POOL, OR WILDCAT
CHA CHA GALLUP

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 20-29N-14W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

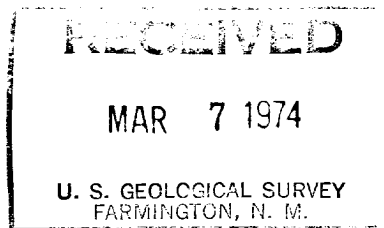
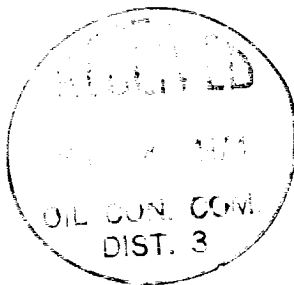
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (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.)*

Pull rods & tbg. Ran csg. inspection survey. Indicated leak @ 2478'. Set CIBP @ 4200 ft. Ran packer & Confirmed leak @ 2478'. Pump in 400 sks. class "B" cement containing .6% Halad 9 & 2% Ca Cl₂. WOC 24 hrs. Drill cement & C.O. to BP. Test csg. to 800 psi, held okay. Drill CIBP & C-0 4762. Run tbg. & rods and return well to production status.



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

SIGNED

Jack D. Cook
Jack D. Cook

TITLE

Agent

DATE **3-7-74**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

