

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>14-80-0603-6377</b>
2. NAME OF OPERATOR <b>Humble Oil &amp; Refining Co.</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 120 Denver, Colorado 80201</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>SE 1/4 SW 1/4 (2060' FSL &amp; 1990' FSL) Sec. 18-29N-15W</b>	8. FARM OR LEASE NAME <b>Navajo Trust 2A</b>
14. PERMIT NO.	9. WELL NO. <b>3</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5404' DF</b>	10. FIELD AND POOL, OR WILDCAT <b>South Waterflow</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 18-29N-15W</b>
	12. COUNTY OR PARISH <b>San Juan</b>
	13. STATE <b>N. Mexico</b>

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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 4265' - FMSD 4238'.**

**Well plugged and abandoned as follows:**

**25 sacks cement across perforations 4178-93' and squeezed.**

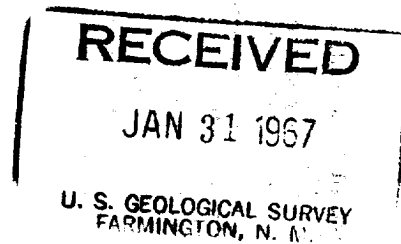
**Cut 4 1/2" CD casing at 3017' and pulled.**

**100' plug (25 sacks) 90' below and 90' above casing cut at 3017'.**

**100' plug (25 sacks) 890'-950'.**

**15' surface plug with regulation marker. Intervals between plugs filled with mud. Plugging complete 12-2-66.**

**Location cleaned, pits filled and ready for inspection.**



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

SIGNED Original signed by: Roger S. Frazier

TITLE Dist. Oper. Supt.

DATE 1-24-66

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE