

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

FORM APPROVED
BUDGET NUMBER
DESIGNATION AND NUMBER NO.
NOO-C-14-20-2729

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. NAME OF OPERATOR ATOM, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
2. ADDRESS OF OPERATOR P. O. Box 1109, Farmington, New Mexico	7. UNIT AGREEMENT NAME Navajo "A"
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also page 17 below.) At surface 2105 feet from South line, and 650 feet from west line, Sec. 10-NW $\frac{1}{4}$ SW $\frac{1}{4}$	8. FARM OR LEASE NAME Navajo "A"
4. PERMIT NO.	9. WELL NO. 1
5. ELEVATIONS (Show whether DF, RT, GR, etc.) 5150 D F	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 10-T29N-R15W
	12. COUNTY OR PARISH 13. STATE San Juan N. Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

- Squeeze perfs @ 2541-2546 and bring cement to 2500 ft.
- Cut and pull 4 $\frac{1}{2}$ casing as deep as possible and place 150' plug in and out of stub, and or cover top of Mesaverde @ 950 feet.
- Place 50' plug at base of surface casing @ 220 feet (210-260).
- Place 50' surface plug and cut off below plow depth.
- Clean and level location and pit.



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

SIGNED [Signature] TITLE President DATE July 10, 1973

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side