

5 USGS 1 Navajo 2 Dunes 1 File

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. 14-20-603-9591	
2. NAME OF OPERATOR Walter Duncan		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR Box 234, Farmington, N. M. 87401		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 1979' fsl 1688' fel Sec. 1		8. FARM OR LEASE NAME North Hogback	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATION (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Undesignated Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T29N, R17W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE N. M.

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

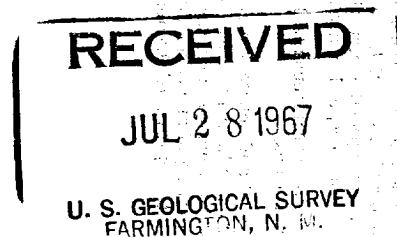
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

1-21-67 Ran 21 jts. 4 1/2" OD 9.5# J-55 8R ST&C Csg.
T.E. 660.84 set at 661 GR
Cemented with 75 sx class "A" 2% Ca cl

1-22-67 Cored 661 to 663 with air - well flowing oil

1-27-67 Ran 20 jts. 2 3/8" O.D. 4.7# J-55 8R EUE set at 649' GR



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

SIGNED Original signed by T. A. Dugan TITLE Engineer DATE 7/26/67

(This space for Federal or State office use)

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

*See Instructions on Reverse Side