

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 ☐		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-10010	
2. NAME OF OPERATOR Walter Duncan		6. INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
3. ADDRESS OF OPERATOR Box 137, Durango, Colorado 81301		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 1650' from North Line, 330' from East Line, Sec. 12, T29N-R17W		8. FARM OR LEASE NAME North Hogback 12	
14. PERMIT NO.		9. WELL NO. XX-XX 15	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5042' (ground elevation)		10. FIELD AND POOL, OR WILDCAT Dakota - undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-29N-17W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N. Mex.	

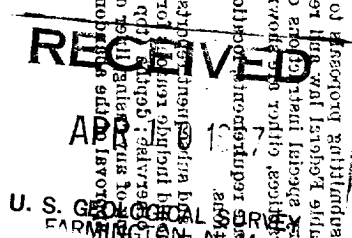
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Note: Report results of multiple completion on Well Completion or Completion 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.)

Set 720' of 4 1/2" casing at 720' w/ 50 sx Class A w/ 2% CaCl₂
April 6, 1967.



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

SIGNED [Signature] for: Walter Duncan DATE April 6, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: