

3 0303
1 Nav. Tribe
1 Duncan
1 File

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form Approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-10009

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. Hogback 7

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Slickrock Dk.

11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA

Sec. 7-T29N-R16W-NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

N. M.

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

Walter Duncan

3. ADDRESS OF OPERATOR

P. O. Box 234, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1310' fnl 330' fw1

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5048 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Re-Perf.

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIR WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

We plan to recomplete the well as follows;

1. Pull tbq.
2. Set cast iron bridge plug @ 738'.
3. Perf. with 4 jets per ft. 727' - 732'.
4. Treat perfs. with 100 gal. 15% HCl acid.
5. Re-run tbq. and put well on production.



SEP 28 1967

U. S. GEOLOGICAL SURVEY

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

SIGNED Original signed by T. A. Dugan TITLE Agent

DATE 9/25/67

(This space for Federal or State office use)

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

DATE _____

*See Instructions on Reverse Side