

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>1-09-IND-98</b>	
2. NAME OF OPERATOR <b>W. C. Imbt</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Tribal</b>	
3. ADDRESS OF OPERATOR <b>210 West 38th Street, Farmington, New Mexico - 87401</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>2475' TSL &amp; 1485' PNL</b>		8. FARM OR LEASE NAME <b>Navajo</b>	
14. PERMIT NO.		9. WELL NO. <b>7-1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5041' Gr.</b>		10. FIELD AND POOL, OR WILDCAT <b>Slick Rock Dakota</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>7-29N-10W</b>	
		12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>New 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"/>	

(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.)\*

**Spotted 20 sacks cement from TD 775' to 650'.**

**Spotted 5 sacks cement at surface.**

**Erected dry hole marker.**



RECEIVED

MAR 14 1968

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED W. C. Imbt TITLE Operator DATE 3-14-68

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side