

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**I-89-Ind-58**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**Navajo**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Navajo 18**

9. WELL NO.

**3**

10. FIELD AND POOL, OR WILDCAT

**Hogback**

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

**Sec. 18, T29N, R16W**

12. COUNTY OR PARISH 13. STATE

**San Juan****N. M.**

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**W. C. Imbt**

3. ADDRESS OF OPERATOR

**210 West 38, Farmington, N. M. 87401**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface**1155' fnl 2475' fel**

14. PERMIT NO.

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

**5148' Gr.**

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

## NOTICE OF INTENTION TO:

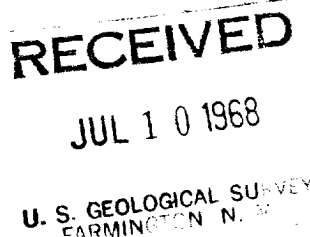
TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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.)\*

**Spud 6/18/68.****Drilled 8" hole to 96' with cable tools-set 3 jts. 7" O.D., 20#, J-55, 8R csg. at 96' cemented w/10 sx. Drilled 5 5/8" hole with rotary to 816' - ran 26 jts. 4 1/2" O.D., 9.5# 10.5#, J-55 csg. set at 816' cemented with 50 sx. Class "A" 2% Cacl.****Drilled 4 3/4" hole with air to 824'.**

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

SIGNED Original signed by T. A. Dugan TITLE EngineerDATE 7/8/68

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_