

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.)

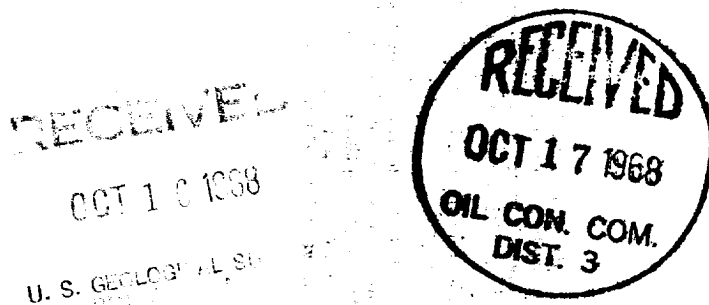
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <b>Dry Hole</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>I - 89 - DD - 98</b>
2. NAME OF OPERATOR <b>W. C. IMBT</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Tribal</b>
3. ADDRESS OF OPERATOR <b>210 West 38th 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>495' FNL &amp; 2475' FEL</b>		8. FARM OR LEASE NAME <b>Navajo 18</b>
14. PERMIT NO.		9. WELL NO. <b>5</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5108' Gr.</b>		10. FIELD AND POOL, OR WILDCAT <b>Hogback</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>18-129N - R16W</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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <b>Temporarily Abandon</b>		(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.)\*

**Intend to temporarily abandon well and save for possible future water injection well.**



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

SIGNED W. C. IMBT TITLE Operator DATE October 16, 1968

(This space for Federal or State office use)

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