

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-50 1049	
2. NAME OF OPERATOR SHIPROCK OIL & GAS CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO	
3. ADDRESS OF OPERATOR P.O. BOX 1367, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME NAVAJO	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2292' fr. North line & 1347' fr. East line		8. FARM OR LEASE NAME NAVAJO G	
14. PERMIT NO. Sept. 22, 1977		9. WELL NO. 671	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5200' GR		10. FIELD AND POOL, OR WILDCAT SHIPROCK GALLUP	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 17, 29N, 18W	
		12. COUNTY OR PARISH SAN JUAN	
		13. STATE NEW MEXICO	

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) DEEPEN <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.)\*

ON September 19, 1977 went into the the well with bit and cleaned out. Put in 24 bbls. of diesel and it did not hold the producing sand was not plugged. the perferation were not plugged therefore we did not deepen TD is still 111 Feet. Production continued.



18. I hereby certify that the foregoing is true and correct  
SIGNED Pat Johnson TITLE ecdt DATE 10-3-77

(This space for Federal or State office use)

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

RECEIVED

OCT 5 1977

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY