

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. 14-20-0603-9591 |
| 2. NAME OF OPERATOR Walter Duncan | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo |
| 3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401 | | 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 1960' FSL - 2350' FEL | | 8. FARM OR LEASE NAME North Hogback 1- |
| 14. PERMIT NO. | | 9. WELL NO. 12- |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4983' GR | | 10. FIELD AND POOL, OR WILDCAT Slickrock - Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1, T29N, R17W |
| | | 12. COUNTY OR PARISH 13. STATE San Juan NM |

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 checked="" 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) <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.)*

Spudded 8-31-72. Drove 7-5/8" csg through boulders to 20'. Job complete 9-21-72
 Moved in Wilson Drilling Company rig. Drilled 6-3/4" hole to 669'. Ran 21 jts
 5" OD 11.5# 8R ST&C csg. TE 675.10' set @ 669' GR cemented w/50 sx Class "A" plus
 2% CaCl. POB 6:15 PM 9-16-72.



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

SIGNED Jim L. Jacobs TITLE Agent DATE 3-15-77
 (This space for Federal or State office use)

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