

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on the
reverse side.)

1. Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8492
2. NAME OF OPERATOR Navajo Tribal Utility Authority	6. IN INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 170 - Fort Defiance, Az. 86504	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 Unit B, 735' FNL & 1360' FEL	8. FARM OR LEASE NAME Navajo
9. PERMIT NO.	9. WELL NO. B#1
10. ELEVATIONS (Show whether on surface or in hole) 4960' GR	10. FIELD AND POOL, OR WILDCAT Undesignated
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T30N, R18W	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

It is proposed to plug this well in the following manner;

- ° Set Cement retainer @ 5650'.
- ° Squeeze cement w/150 sx of class B. Displace 50 sx into perforations @6489-6502', leave 95 sx in 5½" casing from 5650' to 6502'. Pull out of retainer and spot 5 sx on top of retainer.
- ° Pull tubing out of hole perforate two squeeze holes @ 2950'.
- ° Run tubing with cement retainer & set @2850'.
- ° Squeeze cement w/65 sx of Class B. Displace 50 sx into perforations @2950', leave 11 sx in 5½" casing from 2850-2950'. Pull out of retainer & spot 4 sx on top of retainer.
- ° Pull tubing up to 1235' & spot 35 sx class B cement from 935-1235' in 5½" casing.
- ° Pull tubing out of hole laying down.
- ° Perforate 2 squeeze holes @184'.
- ° Pump water down 5½" casing & establish circulation back to surface through 8 5/8" intermediate casing. Cement w/60 sx of Class B cement.
- ° Nipple down wellhead & erect dry hole marker.
- ° Restore location as required.

18. SIGNATURE OF THE FOLLOWING IS TRUE AND CORRECT

Jim Hicks
7/9/85
(This space for Federal or State officer use)

TITLE Engineer/Hicks Oil & Gas. DATE 07/09/85

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 15 1985

JUL 16 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY: [Signature]

I, the undersigned, make this declaration for any purpose and willfully to make to the Department of the Interior any statement or representation as to any matter within its jurisdiction.