

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved/
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-639

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO

7. UNIT AGREEMENT NAME

King Kong

8. FARM OR LEASE NAME

Salt Creek Dakota

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Dakota

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Sec 4, T30N, R17W, N

12. COUNTY OR PARISH 13. STATE

San Juan New Mex.

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

TASCO

3. ADDRESS OF OPERATOR

501 Airport dr Suite 110 Farmington, N.MEX.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1484' FNL 600' FW,L

14. PERMIT NO.

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

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 perti-
nent to this work.) *We intend to test well to see if the well is
comercial under new oil price.

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

SIGNED

TITLE Operator

DATE May 22, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

