

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe of Indians "F"

9. WELL NO.

/12

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9-31N-17W NMPM

14. PERMIT NO.

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

5224' KB

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:

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 pertinent to this work.)*

Treated well as follows:

500 gals. 15% HCl acid w/1 gal. L-37 & 10# L-41

1500 gals. mud acid w/150 gals. Freflo EB & 3 gals. L-37 & 30# L-41

1000 gals. 3% HCl flush w/2 gals. L-37 & 20# L-41

2000 gals. 3% HCl w/36 gals. L-42

1000 gals. 3% HCl overflush w/2 gals. L-37 & 20# L-41

Flushed w/5 bbls. crude oil.

Inj. rate 1 BPM. Max. press. 750#, avg. press. 750#. ISIP 750#, 5 min on vacuum.

Job complete 12:30 PM 4-7-71.

Rec. load, and on 4-12-71 tested at rate of 14 BO, 141 BW in 24 hrs.

Production prior to job - 12 BO, 84 BW.

2 cc - New Mexico Oil & Gas Conservation Commission

1 cc - Minerals Supervisor - Navajo Tribe

1 cc - Midland Office

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

SIGNED

J. Roy Dorrrough

TITLE

District Supt.

DATE

4-22-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side