UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

SUBMIT IN TRIPLICATE.

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

GEOLOGICAL SURVEY

14-20-6-3-2033 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOICES AND REPORTS ((Do not use this form for proposals to drill or to deepen or plug to the deepen of the such plug to the deepen or plug to the	Navajo 7. Unit Agreement name		
I. OIL X GAS WE'L X WELL OTHER			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
Hicks Enco, Inc. 3. ADDRESS OF OPERATOR	Navajo Tribe of Indians 9. WELL NO.		
2313 Santiago, Farmington, New Mexico, 8740 4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface	212 10. FIELD AND FOOL, OR WILDCAT Many Rocks		
2305 FNL, 2235 FEL		11. SEC., T., R., M., OR HLK. AND SURVEY OR AREA	
		Sec 1 - 31N -	17W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF	F, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
5334		San Juan	New Mexico
Check Appropriate Box To Indicate N	Nature of Notice, Report, or C	Other Data	
NOTICE OF INTENTION TO:	SUBSEQ	EQUENT REPORT OF:	
TEST WATER SHUT-OFF	WATER SHUT-OFF	REPAIRING W	VELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	ASING
SHOOT OR ACIDIZE ARANDON* X	SHOUTING OR ACIDIZING	ABANDONMEN	NT*
REPAIR WELL CHANGE PLANS	(Other)		
l l	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

Well is temporarily shut in producer

Casing 4½° 9.5# set at 1345 cemented 100 SKS - estimated top of cement 840' Perforated 1298 - 1308'

Casing leak at approximately 200'

Packer Set at 1210' on 2 3/8 EUE tubing

Plan to pull tubing, remove Packer

Run tubing to 1315' spot 150' cement plug.

Pull tubing, circulate cement through easing leak leaving 8 5/8 - 4½ annulus and 4½ casing full of cement. Cut off 4½" casing at top of surface casing. Erect dry hole marker. Clean up and remove equipment from location.



8.	I hereby certify that the foregoing is true and correct		
	SIGNED J. Hicks	TITLE PRESIDENT	DATE 5/21/79
	(This space for Federal or State office use)		The second secon
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY;	TITLE	DATE

*See Instructions on Reverse Side

