

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

--

8. FARM OR LEASE NAME

Navajo Tribe of Ind. "G"

9. WELL NO.

222

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec 2-31N-17W NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Humble Oil & Refining Company

3. ADDRESS OF OPERATOR

P O Box 120, Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

530' FNL and 2140' FWL of Section 2

14. PERMIT NO.

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

5777' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |

PULL OR ALTER CASING

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

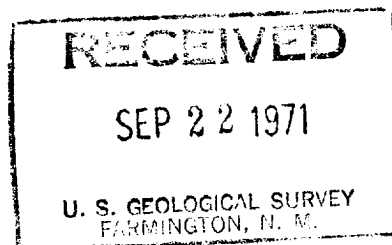
|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

(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 fracture treat to increase production  
using 11,600 gallons K-1 emulsion and 21,000# of sand.

cc: 2 - NM O&G Commission  
1 - Minerals Supervisor - Navajo Tribe  
1 - Midland



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

SIGNED

*John F. Kunkin*

TITLE

Dist. Chief Engineer

DATE 9-20-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: