

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.

Navajo "F"

14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "F"

9. WELL NO.

145

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec. 10-T31N-R17W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)																				
2. NAME OF OPERATOR	5190 G.L.																					
3. ADDRESS OF OPERATOR	660' FSL & 1980' FWL																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data																					
<table border="0"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>TEST WATER SHUT-OFF <input type="checkbox"/></td><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>WATER SHUT-OFF <input checked="" type="checkbox"/></td><td>REPAIRING WELL <input type="checkbox"/></td></tr><tr><td>FRAC TURE TREAT <input type="checkbox"/></td><td>MULTIPLE COMPLETE <input type="checkbox"/></td><td>FRAC TURE TREATMENT <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE <input type="checkbox"/></td><td>ABANDON* <input type="checkbox"/></td><td>SHOOTING OR ACIDIZING <input type="checkbox"/></td><td>ABANDONMENT* <input type="checkbox"/></td></tr><tr><td>CHANGE WELL <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>(Other) <u>Intention to Drill.</u></td><td></td></tr></table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRAC TURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRAC TURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	CHANGE WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Intention to Drill.</u>	
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17. (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)																						
18. I hereby certify that the foregoing is true and correct																						

SIGNED

Jack D. Cook

TITLE

Engineer

DATE 1-8-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side