

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-4305
2. NAME OF OPERATOR C. C. Kennedy		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted
3. ADDRESS OF OPERATOR Box 234 Farmington, New Mexico		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2200' SNL & 1650' SWL		8. FARM OR LEASE NAME BSK Edna
14. PERMIT NO.		9. WELL NO. # 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7045 RKB		10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 17N R 8 W
		12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Squeeze Production & Stimulate	

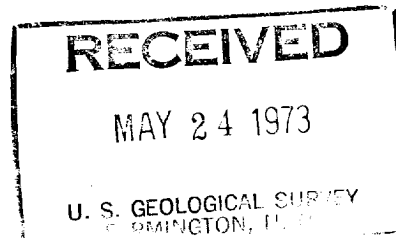
SURSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

(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.)*

Squeeze cement Dakota "D" perf 2819-23 with 75 sacks of glass C with 1% CFR-2 to eliminate water production. Reperforate Dakota "D" sand 2813-16' with 4 shots. Acidize with 500 gallon 15% MCA. Test fracture treat with 8,000 gallon lease crude and 8,000 # 20-40 sand. Return well to production. Work to be started 5-29-73 and to be completed 6-2-73



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

Jack A. Cook Jack D. Cook TITLE Engineer DATE 5-24-73
(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: