

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1444.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-9581
2. NAME OF OPERATOR Kerr-McGee Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 215 Petroleum Center Building, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME None
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL & 1830' FEL of Sec. 34 - T24N - R20W		8. FORM OR LEASE NAME Navajo "I"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 9168' GR		10. FIELD AND POOL OR WILDCAT Wildcat
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 34 - T24N, R20W San Juan County, N.M.
		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

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

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforating</u>	

(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.)*

Set Baker Model "D" packer with wire line at 3840'. Perf with 4 jets/ft 3832'-3815', 3810'-3800' (McCracken Zone). Acidized with 2500 gal mud acid. Treating press - min - 0 psi, max - 200 psi. Average inj. rate - 4.9 BPM. ISD - 0 psi. Swab in well. Test at a rate of 570 MCF on 7/32 choke - 637 psi.

CONFIDENTIAL

RECEIVED

OCT 16 1967

U.S. GEOLOGICAL SURVEY

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

SIGNED

TITLE Production Superintendent

DATE 10-12-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: