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Indian Agency
(SUBMIT IN TRIPLICATE)

Navajo

LEASE NO. 14-20-603-2032

Co. Use No. 234869

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL	SUBSEQUENT REPORT OF WATER SHUT-OFF	RECEIVED OCT 14 1960 U. S. GEOLOGICAL SURVEY CARLISLE, NEW MEXICO
NOTICE OF INTENTION TO CHANGE PLANS	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF ALTERING CASING	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE	SUBSEQUENT REPORT OF ABANDONMENT	
NOTICE OF INTENTION TO PULL OR ALTER CASING	SUPPLEMENTARY WELL HISTORY	
NOTICE OF INTENTION TO ABANDON WELL		

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

Navajo Tribe of Indians K

October 11, 1960

WELL NO. 2 IS LOCATED 1980 FT. FROM {S} LINE AND 990 FT. FROM {E} LINE OF SEC. 31

SW/4 of NW/4

(1/4 SEC. AND SEC. NO.)

30N

(TWP.)

16W

(RANGE)

(MERIDIAN)

North Hoback

(FIELD)

San Juan

(COUNTY OR SUBDIVISION)

New Mexico

(STATE OR TERRITORY)

THE ELEVATION OF THE DERRICK FLOOR ABOVE SEA LEVEL IS 5114^{est} FT.

DETAILS OF WORK

(STATE NAMES OF AND EXPECTED DEPTHS TO OBJECTIVE SANDS; SHOW SIZES, WEIGHTS, AND LENGTHS OF PROPOSED CASINGS; INDICATE MUDDING JOBS, CEMENTING POINTS, AND ALL OTHER IMPORTANT PROPOSED WORK.)

Ran 558L (135 jts) 7-5/8" 26.4# N-80 csg set at 5600'. Cmt 1st stage w/165 sc 12% gel 1/4# floseal and 4/10% HF7. POB 8:20 PM 9-28-60, 2nd stage cmt w/325 sc 12% gel 1/4# floseal and 4/10% HF7. Cmt channeled on second stage. Tested csg w/1000# for 30 min - no drop in pressure. Drill DV tool, test w/1000# for 30 min - no drop in pressure. Tested csg w/1500# for 30 min - no drop in pressure. Drill plug at 8:00 AM 9-30-60.



I UNDERSTAND THAT THIS PLAN OF WORK MUST RECEIVE APPROVAL IN WRITING BY THE GEOLOGICAL SURVEY BEFORE OPERATIONS MAY BE COMMENCED.

COMPANY: Humble Oil & Refining Company

ADDRESS: Box 2347

Hobbs, New Mexico

BY: _____

TITLE: Agent

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