

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.

14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Navajo Tribe of Indians "F"

9. WELL NO.

/12

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec 9-31N-17W NMPM

14. PERMIT NO.

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

5224' KB

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
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☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

☐  
☐  
☐  
☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
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(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.)\*

In an effort to increase production from this well it is proposed to treat  
as follow:

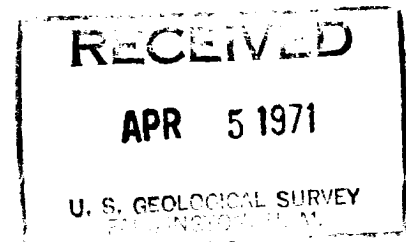
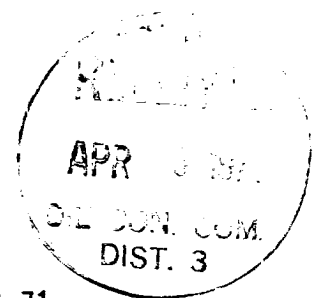
500 Gallons regular 15% HCl acid

1,500 Gallons Mud Acid with a mutual solvent

4,000 Gallons 3% HCL flush

Confirming Verbal Approval - Mr. M. L. Seelinger, U.S.G.S. 4-2-71

cc: - 2 - New Mexico Oil & G Commission  
1 - Minerals Supervisor - Navajo Tribe



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

SIGNED

TITLE

District Superintendent

DATE

4-2-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: