

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-65

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 "M"

9. WELL NO.

305

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

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

Sec 5-31N-17W

14. PERMIT NO.

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

5339' 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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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Well plugged and abandoned as follows:

Spotted 15 sack cement plug in casing from 1154-1000'

Spotted 10 sack cement plug in casing from 100-0'

Pumped 10 sacks cement in annulus between 4½" and 7" casing

Installed regulation dry hole marker in top of production casing

Cleaned location. Job complete 10-18-71. Ready for inspection.

cc: 2 - New Mexico Oil & Gas Conservation Commission
1 - Minerals Supervisor - Navajo Tribe
1 - Midland

NOV

OIL CON. DIST. 3

NOV 15 1971

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

SIGNED

TITLE

District Superintendent

DATE

11-11-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: