

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-1603-780
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee Eskeenalwood
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico - 87401		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  1925 FSL, 1700 FEL Section 25, T-28-N, R-9-W		8. FARM OR LEASE NAME Eskeenalwood Gas Com "A"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5839' RDB 5827' GL	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA NW/4 SE/4 Section 25 T-28-N R-9-W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

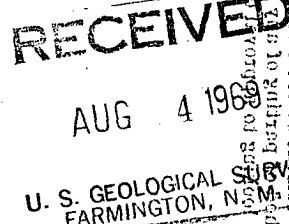
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	(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.)\*

This well was plugged back to 6575' on July 21, 1969, in an attempt to shut off water production from zone 6594'-6612'. The plug back operation was unsuccessful in shutting off water.

We now plan to set a bridge plug at 6490' and produce the Graneros only.



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

Original Signed By: G. W. EATON, JR. TITLE: Area Engineer DATE: 8-1-69

SIGNED: G. W. EATON, JR. TITLE: Area Engineer DATE: 8-1-69

(This space for Federal or State office use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_