

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>N00-C-14-20-4305</b>
2. NAME OF OPERATOR <b>Burr &amp; Cooley formerly C. C. Kennedy</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Allotted</b>
3. ADDRESS OF OPERATOR <b>152 Petroleum Center Bldg.; Farmington, New Mexico</b>		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  <b>2200' FNL &amp; 1650' FWL</b>		8. FARM OR LEASE NAME <b>BSK Edna</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>7045 K.B.</b>		10. FIELD AND POOL, OR WILDCAT <b>Lone Pine Dakota</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8, T17N, R8W</b>
		12. COUNTY OR PARISH <b>McKinley</b>
		13. STATE <b>N. M.</b>

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 checked="" 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"/>	

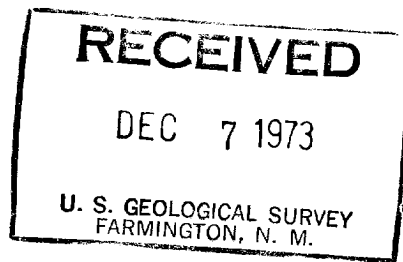
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Abandon Dakota "D" perfs 2813 - 2816 ft. by squeeze cementing with 75 sks class "A" cement containing Halad No. 9.

Dakota "D" Zone to be permanently abandoned as it is producing excessive water.

Well to be plugged and abandoned pending further evaluation as to use as service well.



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

SIGNED <i>[Signature]</i>	TITLE <b>Operator</b>	DATE <b>12-7-73</b>
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		