

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.

N00-C-14-20-5528

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO ALLOTTED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

INDIAN 17

9. WELL NO.

3-28

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED MV

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

Sec. 17, T19N, R5W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mex.

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

James L. Ludwick

3. ADDRESS OF OPERATOR

P.O. Box 70
Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650'FNL, 530'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether on, at, or below surface)

6640 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

TD 2105', PB 2058', Perf 1 SPF 2021, 2025, 2029, & 2031.
Tested Water, Set BP @ 1990'.
Perf 1 SPF 1933, 1937, 1940-43, 1949, 1954-56, 1960, 1963-64, & 1969.
N2 Frac 1933-1969,
300,000 cubic feet Nitrogen,
10,000 # Sand, 73 bbl. water,
BDP 3000', IR: 20 B/M.

JUN 08 1984

OIL CON. DIV.
DIST. 3

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

SIGNED

Claude C. Kennedy

TITLE

Agent

DATE

5-7-1984

(This space for Federal or State signature)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUN 07 1984

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY *Sm*