

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5531
2. NAME OF OPERATOR James L. Ludwick	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO ALLOTTED
3. ADDRESS OF OPERATOR P.O. Box 70 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 1865'FNL, 330'FEL	8. FARM OR LEASE NAME INDIAN 18
14. PERMIT NO.	9. WELL NO. 1-18
15. ELEVATIONS (Show whether DF, RT, BR, etc.) 6640 Gr.	10. FIELD AND POOL, OR WILDCAT WILDCAT MV
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T19N, R5W
	12. COUNTY OR PARISH McKinley
	13. STATE New Mex.

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"/>	Completion <input checked="" 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.)*

TD 2130' PB 1970' Completion Test 8-10-1983
8-9-1983 Perf 1 SPF - 1990-96, 350 Gal 15% Acid,
Test 150 BXWD, Set BP @ 1970',
Perf 1 SPF 1847-48, 1862-67, 1923-24, 1934-38.
Spot 500 Gal 15% Acid,
Pump away at 4 B/M at 700#.

8-10-1983 Swab Test - WO Pump
5 BOPD, 10 BWPD, Gas TSTM.

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

SIGNED Donald A. Kennedy TITLE Agent DATE 8-11-1983

(This space for Federal or State of _____)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE AUG 22 1983

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY Sm