

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

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-3567

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Alottee 27 Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ah-des-pi-ah Navajo

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 12, T-23-N, R-9-W

James P. Leese Survey

12. COUNTY OR PARISH 13. STATE

San Juan

N. Mex.

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

SUN OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79701

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

660' FSL & 660' FEL

SE-1/4 Sec. 12, Unit Letter P

14. PERMIT NO.

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

GR 6732.0

16.

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

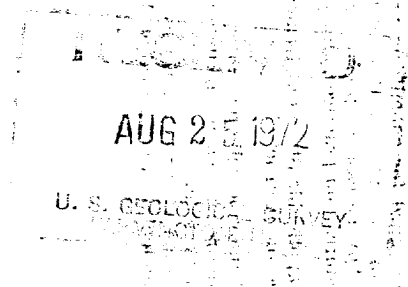
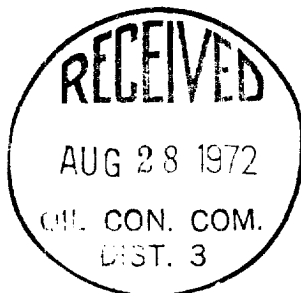
NOTICE OF INTENTION TO:

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 perti-
nent to this work.)*

1. Spud 10:30 PM 8-16-72

2. 8-17-72 Ran 11 jts 13-3/8" 48# H-40 csg. Csg. seat @ 376.55. Cmt'd w/325 sxs.
Class "C" w/2% Cacl & 1/4# Flo seal per sx. Circ. 75 sxs.3. 8-18-72 WOC 18 hrs. & test. csg. to 800 psig for 30 min. OK
Drlg.

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

SIGNED

Charles Gray

TITLE

Proration Clerk

DATE

8-23-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side