

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>800-C-14-20-4155             |  |
| 2. NAME OF OPERATOR<br>Brooks Hall Oil Corporation  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Navajo                      |  |
| 3. ADDRESS OF OPERATOR<br>101 Park Avenue, Suite 100, Oklahoma City, Oklahoma 73102   |  | 7. UNIT AGREEMENT NAME  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 660' NW 1/4 660' TEL<br>NE NW |  | 8. FARM OR LEASE NAME<br>Navajo Tribe                               |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>AO 1   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6448' KB; 6437' GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                           |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 33-25N-19W |  |
|   |  | 12. COUNTY OR PARISH<br>San Juan                                    |  |
|   |  | 13. STATE<br>N. Mexico  |  |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/>         | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input checked="" type="checkbox"/>   | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>                 | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>                     |   |

SUBSEQUENT REPORT OF:

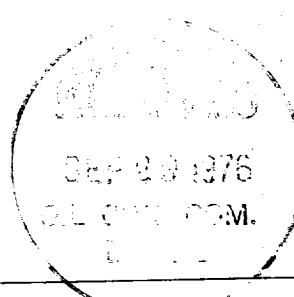
|   |  |
|---|--|
| WATER SHUT-OFF <input checked="" type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <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.)\*

Drill to total depth of 6613'. Set 5-1/2" 15# csg @ 6613' w/10' tool at 4400'.  
Drill DV tool @ 4013'. Cleaned out to 6580'. Tested csg to 2000'. Perforated  
hole per 2 feet as follows: 6544-46, 6547-52, 6566-70, 6453-58, 6462-66, 6497-6506,  
6516-20, 6530-30. Acidized w/1000 gals 15% HCl. Treated w/6000 gals 28% acid  
with 50 bbl water spacer between each 2000 gals acid.

5-1/2", 15.5#, K-55, 8 rd, Range 2, csg was set @ 6613'. Cemented 1st stage  
w/250 sx of Class B w/2% gel and 6-1/2# gilsonite, 6 sx 5/10 of 1% CFR2 and 7#  
salt. Cemented 2nd stage w/300 cu ft 50/50 pozmix 4% gel, 6-1/4# gilsonite  
8/10 of 1% Halid 9. Casing was pressured to 1500# after each plug bumped and  
the csg was tested to 2000# cold water test after drilling stage tool and before  
perforating.



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

SIGNED

*[Signature]*

TITLE

Vice President - OCMs DATE Sept. 13, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: