

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. 1420-603-1228	
2. NAME OF OPERATOR Weldon S. Guest & I. J. Wolfson) Sun Oil Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME #059286 ITAHNIP Mary White Charlie	
3. ADDRESS OF OPERATOR 1011 Hamilton Bldg., Wichita Falls, Texas 76301		7. UNIT AGREEMENT NAME Central Bisti	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL 2310' FEL		8. FARM OR LEASE NAME ITAHNIP C B U	
14. PERMIT NO.		9. WELL NO. CBU #36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6224 GR		10. FIELD AND POOL, OR WILDCAT Bisti (Lower Gallup)	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 9 25N 12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

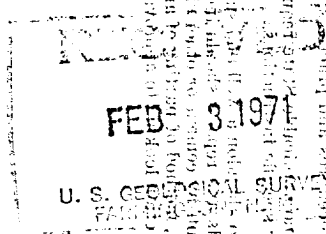
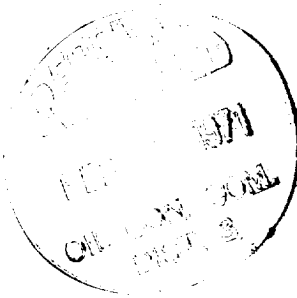
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	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"/>	

(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.) *

plug
20 sx/across Gallup sand 4656-4756
40 sx plug in and out of stub
60 sx plug 1084-1134
40 sx plug 190-290
2 sx plug in top of 10-3/4 surface pipe

Intend to start operations upon approval.



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

SIGNED Weldon S. Guest TITLE Partner DATE 2-1-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: