

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. 14-20-603-326	
2. NAME OF OPERATOR (Weldon S. Guest & I. J. Wolfson) <i>San Oil Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo allotted Joan White allottee.	
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 1980' FWL 660' FSL		8. FARM OR LEASE NAME <i>Joan White CB4</i>	
14. PERMIT NO.		9. WELL NO. <i>CB4 #35</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6214 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

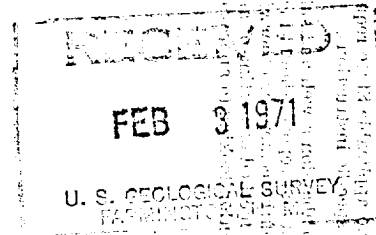
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" 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.) *

20 sx plug across Gallup 4647-4547
40 sx plug in and out of stub
60 sx plug 1070-1320
40 sx plug 265-375
2 sx plug top of 8-5/8 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:

*See Instructions on Reverse Side