

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

24-20-000-0000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Indian

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

24-20-000-0000

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

24-20-000-0000

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

24-20-000-0000

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

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.)

OIL ☐ GAS ☐
WELL ☐ WELL ☐ OTHER ☐ 24-20-000-0000

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

24-20-000-0000, New Mexico, 87001

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

24-20-000-0000 and 0001 from West 24-20

14. PERMIT NO.

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

9700 DF

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 ☐

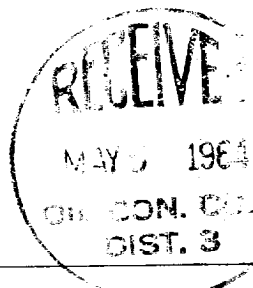
ABANDONMENT* ☐

(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.) *

24-20-000-0000, March 15, 1964

2 1/2" hole to 600'. Cemented 620' of 9-5/8" casing at 600'.
2 1/2" hole to 600' casing with 10' gel thread and 250 casing from surface.
2 1/2" casing cemented at 600'. Cement circulated. Tested casing with
1 inch 30 minutes. Casing tested OK.



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

SIGNED

A.P. Kern

TITLE

Assistant Supervisor

DATE

April 10, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side