

UNITED STATES ——— SUBMIT IN TRIPLICATE\*  
DEPARTMENT OF THE INTERIOR (Other instructions on re-  
verse side)  
GEOLOGICAL SURVEY

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. <u>2-89-AND-57</u>
2. NAME OF OPERATOR <u>John F. Staver dba Saguaro Oil Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo Tribe</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 51, Farmington, New Mexico 87401</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>NW/NE<sub>3</sub>: 2142<sup>2</sup> JSL; 2539<sup>2</sup> JEL</u>	8. FARM OR LEASE NAME <u>Staver Table Mesa</u>
14. PERMIT NO. <u>Approved 3/9/76</u>	9. WELL NO. <u>7</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5324 Gr.</u>	10. FIELD AND POOL, OR WILDCAT <u>Table Mesa Dakota</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 3, T27N, R17W</u>
	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>N. M.</u>

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

March 28, 1976, 5<sup>1</sup>/<sub>2</sub>" casing pulled

Plugs spotted through 2 3/8" drill pipe as directed:

1100 <sup>2</sup> -1463 <sup>2</sup>	4 3/4" hole	30 sacks
440 <sup>2</sup> - 700 <sup>2</sup>	6 3/4" hole	45 sacks
0 <sup>2</sup> - 10 <sup>2</sup>	6 3/4" hole	5 sacks

Dry hole marker not required. Pits filled and location restored.



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

SIGNED

TITLE

Pres.

DATE

10-4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DATE

OCT 17 1977

\*See Instructions on Reverse Side

GEOLOGICAL SURVEY