

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Dry Hole.</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>14-20-0603-6377</b>
2. NAME OF OPERATOR <b>Humble Oil &amp; Refining Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 120, Denver, Colorado 80201</b>		7. UNIT AGREEMENT NAME <b>**</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>NW 1/4 - NE 1/4 (560' FHL &amp; 2080' FHL) Sec. 18-29N-15W.</b>		8. FARM OR LEASE NAME <b>Navajo Trust 2A</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5358' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>South Waterflow</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 18-29N-15W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)

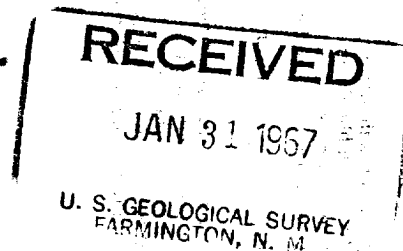
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**TD 4230'; PHTD 4,216'.**

**Well plugged and abandoned as follows:**

**25 sacks cement across perforations 4,151-79'.  
Cut 2-7/8" OD casing at 2,947' and pulled.  
100' plug (25 sacks) 50' below & 50' above casing cut at 2,947'.  
100' plug (25 sacks) 825-925'.  
15' surface plug with regulation marker. Intervals between plugs filled with mud. Plugging completed 12-7-66.**

**Location cleaned, pits filled and ready for inspection.**



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

SIGNED Original signed by: Roger S. Frazier TITLE Dist. Operations Supt. DATE 1-26-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: