Form 9-331
(May 1963)

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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Walter Duncan

3. ADDRESS OF OPERATOR: Box 137, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1909' N/S, 1006' W/E, Sec. 1, T29N-R17W

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-0603-9591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo Tribal

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: North Hogback

9. WELL NO.: 6

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 1-29N-17W

12. COUNTY OR PARISH: San Juan

13. STATE: N. Mex.

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4986 ground level

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	XX	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)							

(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.) *

Set 4½" casing at 665' with 75 sx Class A Neat w/2% CaCl.

RECEIVED
APR 10 1967
OIL CON. COM.
DIST. 3

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

SIGNED [signature] TITLE XXXX for: Walter Duncan DATE 1-28-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side