

**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.
NM 04407 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER **Water Injection well**

2. NAME OF OPERATOR
Clinton Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 2434, Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL and 895' FEL

14. PERMIT NO. **1980' FSL and 895' FEL**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5362' G. L.

7. UNIT AGREEMENT NAME
J. W. Aidlin "C"

8. FARM OR LEASE NAME
N. E. Hogback Unit

9. WELL NO.
14

10. FIELD AND POOL, OR WILDCAT
Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T30N-R16W

12. COUNTY OR PARISH **San Juan** 13. STATE **N. M.**

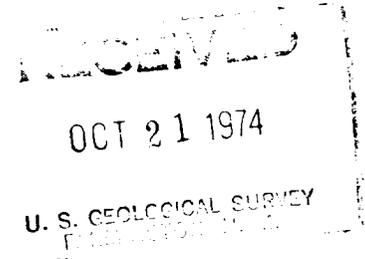
16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

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) _____	
(Other) _____			

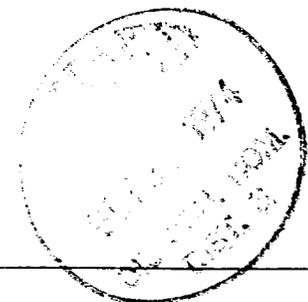
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Squeeze 25 sks. below pkr via tbg. @ 3675'
Spot 20 sk. plug 3675'-3525'.
Shoot 5 1/2" csg. @ 2550'
Spot 25 sk. plug 2600'-2500'.
Spot 50 sk. plug 2050'-1900'.
Spot 30 sk. plug 1070'-970'.
Spot 20 sk. plug 215'-165'.
Spot 10 sk. plug 30' - G. L.
Install hole marker.



USGS will be notified when location is cleaned up and ready for final inspection.



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

SIGNED Wear B. Barnes TITLE Production Engineer DATE October 11, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: