

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.

14-20-603-4903

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Yuk Nabe Pah

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Navajo-Gallup

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

Sec. 2, T. 10N, R. 16W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

EPROC ASSOCIATES

3. ADDRESS OF OPERATOR

P. O. Box 776, Durango, Colorado 81301

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

1980 feet from South line, 1994 feet from East line

14. PERMIT NO.

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

5581 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

X

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 pertinent to this work.)*

**Propose to cement the existing perforations with sufficient cement
to cover by 50 feet.
Pull what production casing possible and cement 50 feet above and
50 feet below stub.
Put in surface plug.
Erect marker.
Clean up location.
Fill in pits.**



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

SIGNED

RE Lauth

TITLE

Agent

DATE **July 23, 1967**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side