

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-639	
2. NAME OF OPERATOR R. A. Crane, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR Box 234, Farmington, New Mexico 87401		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		8. FARM OR LEASE NAME King Kong	
		9. WELL NO. 1-X, 3, 5, 6, 8, & 50	
		10. FIELD AND POOL, OR WILDCAT Salt Creek Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T30N, R17W NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH San Juan
			13. STATE N. M.

*See below

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Change in Ownership		(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.)*

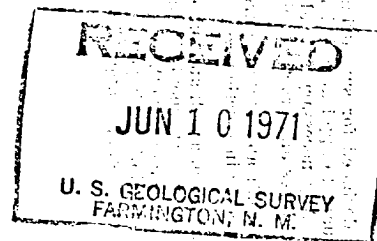
CHANGE OF OPERATOR:

R. A. Crane, Jr. has assumed ownership and operation of the following wells:

King Kong #1-X	- 1800' fsl, 182' fwl - Elev. 5070'
King Kong #3	- 2323' fnl, 165' fwl - Elev. 5057'
King Kong #5	- 1830' fsl, 430' fwl - Elev. 5071'
King Kong #6	- 1485' fnl, 600' fwl - Elev. 5069'
King Kong #8	- 2310' fnl, 2310' fel - Elev. 5090'
King Kong #50	- 2310' fsl, 2310' fwl - Elev. 5102'

Changed from Dugan Production Corp.

Thomas A. Dugan



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

SIGNED Original signed by T. A. Dugan TITLE Engineer DATE 6/8/71

(This space for Federal or State office use)

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

*See Instructions on Reverse Side