

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

<p>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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-0603-639</u></p>
<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo Tribal</u></p>
<p>2. NAME OF OPERATOR <u>TASCO</u></p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR <u>501 Airport dr Suite 110, Farmington, New Mexico</u></p>		<p>8. FARM OR LEASE NAME <u>King Kong</u></p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u></p>		<p>9. WELL NO. <u>Listed below</u></p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT <u>Salt Creek Dakota</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>4-30N-17-W</u></p>
<p>12. COUNTY OR PARISH</p>		<p>13. STATE</p>
<p><u>San Juan</u></p>		<p><u>New Mexico</u></p>

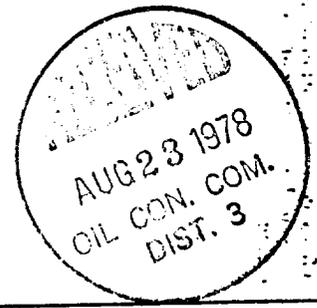
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <u>Change of ownership</u>	<input checked="" 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.)*

Change from R. A. Crane Jr. Box 356 Fruitland New Mexico
To: TASCO 501 Airport dr. Suite 110 Farmington, New Mexico 87401

- Wells
- 3 E-4-T30N-R17W
 - ~~6 E-4-T30N-R17W~~
 - 12 F-4-T30N-R17W
 - 13 F-4-T30N-R17W
 - 14 G-4-T30N-R17W
 - 15 G-4-T30N-R17W
 - 16 G-4-T30N-R17W
 - 17 G-4-T30N-R17W
 - 21 H-4-T30N-R17W
 - 22 G-4-T30N-R17W
 - 23 G-4-T30N-R17W
 - 24 G-4-T30N-R17W
 - 18 G-4-T30N-R17W
 - 19 G-4-T30N-R17W
 - 50 K-4-T30N-R17W



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

SIGNED Ralph Abbott TITLE Operator DATE 8-25-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side