## LIMITED STATES

|          | Form approved,<br>Budget Bureau |       | d.<br>u No. | $\sqrt{2}$ -R | 1424 |
|----------|---------------------------------|-------|-------------|---------------|------|
| 5. LEASE | DESIGN                          | ATION | AND 8       | ERIAL         | NO.  |

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

| Ma               | (ay 1963) UNITED STATES SUBMIT IN HIGH III OF CORRECTIONS ON  |  |
|------------------|---|--|
|                  | DEPARTMENT OF THE INTERIOR verse side:  | 5. LEASE DESIGNATION AND SERIAL NO.                                |
|                  | GEOLOGICAL SURVEY   | 14-20-0603-639   |
|                  | 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. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |
|                  | Use "APPLICATION FOR PERMIT" for such proposals.)   | Navajo   |
| 1.               | WELL X WELL OTHER   | 7. UNIT AGREEMENT NAME   |
| $\overline{2}$ . | NAME OF OPERATOR  | 8. FARM OR LEASE NAME  |
|                  | TASCO   | King Kong  |
| 3.               | AUDRESS OF OPERATOR   | 9. WELL NO.  |
|                  | 501 Airport Dr. Suite 110, Farmington, N.Mex.   | 12   |
|                  | LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)                   | 10. FIELD AND POOL, OR WILDCAT                                     |
|                  | At surface  | Salt Creek Dakota 11. SEC., T., R., M., OB BLK. AND SURVEY OR AREA |
|                  | 2170 FNL 2460 FWL   | 55.87.21 (8. 22.82   |
|                  |   | Sec. 4. T30N, R17W   |
| 14.              | PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   | 12. COUNTY OF PARISH 13. STATE                                     |
|                  |   | San Juan New Mex   |
| 16.              | Check Appropriate Box To Indicate Nature of Notice, Report,   | or Other Data  |
|                  | NOTICE OF INTENTION TO:   | BSEQUENT REPORT OF:  |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Plugged: Cement from 1065 to 915with 10 sacks of Cement. Cement from 515 to 415 with 20 sacks of cement Cleaned and graded location

WATER SHUT-OFF

(Other) \_

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Placed dry hole marker and 10 sack cement plug in top of well

APPROVED

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

P. T. MCGRATH

DISTRICT ENGINEER

19. I hereby cer

SIGNED (This space for Federal or State office use

DATE \_

mymocc

\*See Instructions on Reverse Side

NMOC-+