DEPARTMENT OF THE INTERIOR (verso side)
GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-0603-639
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: King Kong
9. WELL NO.: 13
10. FIELD AND POOL, OR WILDCAT: Salt Creek Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 4 T30N R17W
12. COUNTY OR PARISH: San Juan
13. STATE: N. Mex.

1. OIL WELL ☐ GAS WELL ☐ OTHER: Dry Hole
2. NAME OF OPERATOR: TASCO
3. ADDRESS OF OPERATOR: 501 Airport Dr, Suite 110 Farmington, N. Mex.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2325 FNL 2470 FWL
14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5086

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* X
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)*

Plugged: Cement from 1062 to 912 with 10 sacks of Cement

Cement from 503 to 403 with 15 sacks of Cement

Top plug set with 10 sacks

Cleaned and level location.

RECEIVED
MAY 29 1979
OIL CON. COM.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Joe Abbott TITLE Operator DATE May 23, 1979

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC