

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 47-R1424.

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 13. STATE

San Juan

N. Mex.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2. NAME OF OPERATOR TASCO	5086	
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		

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*			

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.

U.S. G.S. required 7-9-79
[Signature]

APPROVED

JUN 15 1979

P. T. McGRATH

DISTRICT ENGINEER

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

SIGNED

[Signature]

TITLE Operator

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DATE May 23, 1979

nmocc-7

*See Instructions on Reverse Side

nmocc