

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(COPY INSTRUCTIONS ON REVERSE SIDE)

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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND NUMBER 14-20-0603-535
2. NAME OF OPERATOR TASCO		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 501 Airport Dr. Suite 110, Farmington, N.Mex.		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 2310 FNL 1780 FEL		8. FARM OR LEASE NAME King Kong
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5103 Gr.		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 New Mex.

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* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(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 1071 to 921 with 10 sacks of Cement.

Cement from 521 to 421 with 20 sacks of cement

Cleaned and graded location

Installed dry hole marker as percribe

10 sack of cement in top with marker



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

SIGNED Joseph Abbott TITLE Operator DATE 5-19-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Wm. M. Mee

*See Instructions on Reverse Side