

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**14-20-600-3539**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**Navajo and Ute Tribal**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Superior-Ute-Navajo**

9. WELL NO.

**1**

10. FIELD AND POOL, OR WILDCAT

**Wildcat**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 25, T32N-R17W**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**5699' (ground)**

12. COUNTY OR PARISH

**San Juan**

13. STATE

**N. Mex.**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.)\*

**Total Depth 1832'**

**Intend to abandon and set plugs:**

**#1 1750'- 1832'**  
**#2 300'- 400'**  
**#3 10 sx in surface casing.**

**Dry-hole marker to be erected.**



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

SIGNED

*Walter Duncan*

**XXXX for: Walter Duncan**

DATE **Jan. 28, 1965**

(This space for Federal or State office use)

APPROVED BY

*GA*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: