

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse 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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Ute

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Many Rocks

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

Sec. 26-T32N-R17W NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Thomas A. Dugan

3. ADDRESS OF OPERATOR

Box 234, Farmington, N. M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2090' fm 698' fm

14. PERMIT NO.

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

5920' Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

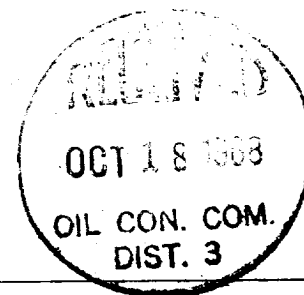
SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

This well will be plugged and abandoned in the following manner:

1. Spot ^{1827'} cement plug 1827' (PBD) to 1777'.
2. Pull csg. @ free point and spot cement plug 50' in and 50' out of csg. stub.
3. Install dry hole marker in cement at surface.



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

SIGNED

Jim L. Jacob

TITLE

Agent

DATE

10/16/68

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: