

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 SERIAL NO. 14-20-603-586
2. NAME OF OPERATOR Curtis J. Little		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 2929 Monte Vista, Albuquerque, N.M.		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 2070' +/- 330' +/- Sec. 30 T32N - R17W		8. FARM OR LEASE NAME Horseshoe
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 5525 GR.		10. FIELD AND POOL, OR WILDCAT Mesa Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 - T32N R17W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

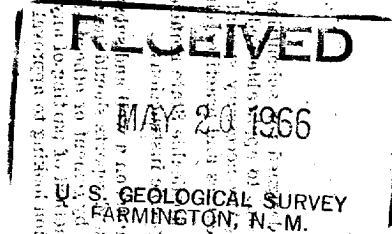
ALTERING CASING

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.)*

Ran 36 fts, 4 1/2" O.D., 9.5#, J-55, 8RD, ST & C, "B"
Cond., Csg. T.E. 1165.49 set @ 1172 RKB cemented
w/35 sks class "A" neat w/12 1/2# Gilsomite per sk.
and 9/10 of 1% Haled "9". P.O.B. 1:10 P.M. 4-13-66



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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

TITLE

DATE

DATE