

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.

14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal "AA"

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Mary Rock's Gallup

Lower Gallup

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

Sec. 19-T32N-R17W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER **Dry-Hole**

2. NAME OF OPERATOR

Murphy Oil Corporation

3. ADDRESS OF OPERATOR

200 Jefferson Avenue - El Dorado, Arkansas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' from the North Line & 660' from the East Line of
Sec. 19-T32N-R17W (SE/4 NE/4)

14. PERMIT NO.

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

5529' 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

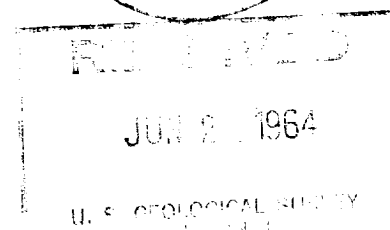
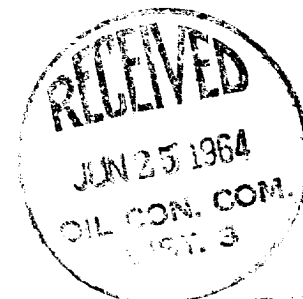
ABANDONMENT*

(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.)*

Plugged and abandoned as follows:

- (1) Cement plug (50 sacks) from 1250' to 1363' T.D.
- (2) Cement plug (5 sacks) in top of surface casing.
- (3) Erected Dry-hole marker.



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

SIGNED

L. K. Humeau

TITLE

Prod. Supt.-Direct Operations

DATE

6-22-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side