

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.
14-20-603-385

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal "AA"

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT
**Many Rocks Gallup
Lower Gallup**

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

Sec. 20-T32N-R17W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL ☒ WELL GAS ☐ WELL OTHER ☐

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

**660' from the North Line & 1980' from the East Line of
Section 20**

14. PERMIT NO.

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

5629' 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.)*

Notched with jet notch gun @ 1374' and 1378' (Gamma Ray-Density Log meas.), fractured with 20,000# of 10-20 sand, 20,000# of 20-40 sand, and 39,650 gals. of lease crude. EDP 3000#, initial injection pressure 2900#, final injection pressure 2200#, average injection rate 36 BPM, sand concentration varied from 3/4#/gal. to 2#/gal., ISIP 1300#, 15 minute SIP 1100#, 16 hour SIP 575#.



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

SIGNED *A. L. Hunsaker*

TITLE **Prod.Supt.-Direct Operations** DATE **6-17-64**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side