

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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 "AA"**

9. WELL NO.

**13**

10. FIELD AND POOL, OR WILDCAT

**May Lake 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**14. PERMIT NO.  
**Approved by P. T. McGrath  
5/25/64**15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3629' 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) **Convert to water injection**

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\*

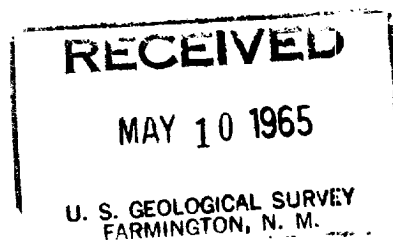
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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 was drilled to 1420' depth. 4 1/2" OD casing set @ 1,411.00' cemented w/35 sacks. The well was notched @ 1374' and 1378' and fractured w/20,000# of 20/40 sand and 20,000# of 10/20 sand.

The recommendation is to pull tubing and rods. Swedge the 4 1/2" casing to 2" on the surface and inject water down the casing string at approximately 100 BWPD.

These wells will be converted to water injection wells on or before May 15, 1965. A letter of notification as to the exact date of conversion will be mailed to the Commission.



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

SIGNED

TITLE

**Production Superintendent**

DATE

**April 23, 1965**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side