

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NAVAJO "F"

9. WELL NO.

F-118

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallop

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

Sec 10 - 31N 17W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL GAS WELL OTHER

'96 JUN 10 AM 8 52

2. NAME OF OPERATOR

Hart Oil & Gas Inc

3. ADDRESS OF OPERATOR

Drawer 1480 Cortez Co 81321

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

660' FNL + 1980' FWL

14. PERMIT NO.

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

5262 DF

RECEIVED
MAY 23 1996
OIL CON. DIV.
DIST. 3

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

NOTICE OF INTENTION TO:

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) rehabilitation plan
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.)*

Plan for final abandonment & rehabilitation
1. erect a plugged & abandon marked
2. close pit by removing oil stained soil from pit & remediate on location (will use bio-degradable oil eating microbial cleaner) and level pit
3. remove deadmen anchors, trash, fences etc. from location
4. pad will be ripped, disked before seeding & shaped to natural terrain.
5. seed will be that which is prescribed for this area

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

SIGNED

James Washby

TITLE

operator

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

MAY 24 1996

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side

NMOCD