

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 96 JUN 6 AM 8 52 30-045-10981	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2034
2. NAME OF OPERATOR Hart Oil & Gas Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO
3. ADDRESS OF OPERATOR Drawer 1480 Cortez Co. 81321	7. UNIT AGREEMENT NAME NAVAJO
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	8. FARM OR LEASE NAME NAVAJO "F"
14. PERMIT NO.	9. WELL NO. F-118
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5262 DF	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10: T31N R17W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) OIL CON. DIV.		(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 well as follows:  
1. ran tubing to 990' & placed first plug from 990' back to 467' with 26 SKS of cement (30.68 cu ft)  
2. tagged first plug at 467' & perforated 2 holes in casing at 98'  
3. pumped cement down casing & back-up the back-side from 98' to surface with 61 SKS. (71.98 cu ft.)

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

SIGNED James Weasley

TITLE operator

DATE 5/20/96

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

NMOC

APPROVED  
MAY 21 1996  
DISTRICT MANAGER