

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-1  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                        | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>American Exploration Company   | 8. FARM OR LEASE NAME<br>Hanson   |
| 3. ADDRESS OF OPERATOR<br>1331 Lamar, Suite 900 Houston, Texas 77010-3088   | 9. WELL NO.<br>16   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL OR WILDCAT<br>Hospah (Dakota)                        |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 06, T-17N, R-8W |
| 14. PERMIT NO.  | 12. COUNTY OR PARISH<br>McKinley  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6884'   | 13. STATE<br>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 COMPLETE <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 type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | (Other) <input type="checkbox"/>         |

(Other) Long Term Shut-In ☒

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.)\*

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

American Exploration Company requests an extension of the Long Term Shut-In status.  
The well has been tested for casing integrity within the last 2 years.

\*Please Note: Current Address for American Exploration Company  
1331 Lamar Street, Suite 900  
Houston, Texas 77010-3088

RECEIVED  
FEB 22 1993  
OIL CON. DIV.  
DIST. 3

\*WELL TESTED TO 118 PSI  
ON 4/11/91 - IV PRODUCTION  
LOGS

TA EXHIBIT 4/11/90

RECEIVED  
BLM  
93 FEB 16 PM 2:31  
070 FARMINGTON, NM

THIS APPROVAL EXPIRES DEC 31 1993

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

SIGNED Linda Umstett

TITLE Regulatory Coordinator

DATE 2-9-93

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCD

\*See Instructions on Reverse Side

APPROVED

FEB 17 1993