

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse 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"/>	5. LEASE DESIGNATION AND SERIAL NO. No. G-8612-1101
2. NAME OF OPERATOR BLACK OIL, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO
3. ADDRESS OF OPERATOR P.O. BOX 537, FARMINGTON, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FWL	8. FARM OR LEASE NAME SALAZAR NAVAJOCITO
9. PERMIT NO.	9. WELL NO. 1
10. ELEVATIONS (Show whether DF, RT, GR, etc.) 6137 GR	10. FIELD AND POOL, OR WILDCAT Nose Rock
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T20N, R12W
	12. COUNTY OR PARISH McKinley
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>perforate & test</u> <input checked="" type="checkbox"/>	

(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.)

In accordance with our verbal conversation with you, we have perforated this well from 2184' - 2194' with 4-JSPF .038 hole. Production tubing, pump and rods have been run. Pumping to tanks on June 16, 1987.

RECEIVED
BUREAU OF LAND MANAGEMENT

87 JUN 20 10 51

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
AUG 04 1987
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE President DATE June 18, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 31 1987

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on

NMOCC