

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Order Bureau No. 1004-0175
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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. NOC 8612-1101
2. NAME OF OPERATOR Gurley Oil Company (Black Oil, Inc.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo allotted
3. ADDRESS OF OPERATOR P.O. Box 2092, Farmington, N.M. 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 990' FSL, 330' FWL		8. FARM OR LEASE NAME Salazar Navajocito
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6145 GR.		10. FIELD AND POOL, OR WILDCAT Nose Rock-Hospah Ext.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T20N, R12W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mexico

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 ☐

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. COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

Due to field evaluation we have not drilled subject well. We wish to extend our permit to drill for six months.

RECEIVED
NOV 21 1988
OIL CON
DIST

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

SIGNED Mike Maloney

TITLE Manager

DATE 11/11/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

RECEIVED

*See Instructions on Reverse Side

James E. Edwards