

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0125  
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. NOG 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 OF, 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 ☐  
(Other) ☐

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. 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.)\*

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

THIS APPROVAL EXPIRES 12/5/84

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

SIGNED Mike Maloney

TITLE Manager GOC

DATE July 24, 1989

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED K  
AS AMENDED

AUG 22 1989

\*See Instructions on Reverse Side

Ken Townsend  
AREA MANAGER