

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. 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 330' FSL, 1650' FWL		8. FARM OR LEASE NAME Salazar Navajocito
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6149 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 N.M.

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

X

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 yet drilled subject well. We wish to extend permit to drill for six months.

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
AS AMENDED
AUG 22 1989
Mark H. H. H.
AREA MANAGER

*See Instructions on Reverse Side