

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.

NOG8612-1101

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO *Allottee*

7. UNIT AGREEMENT NAME

8. NAME OF LEASE

SALAZAR NAVAJOCITO

9. WELL NO.

6

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

BLACK OIL, INC.

3. ADDRESS OF OPERATOR

P.O. Box 537, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FSL, 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6167 GR

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 weather conditions, we have not yet drilled this well. We wish to extend our permit to drill subject well into the spring of 1988.

RECEIVED
FEB 04 1988
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 20 1988

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

SIGNED *Sam G. Black*

TITLE President

DATE 1/27/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

James L. Edwards
AREA MANAGER

*See Instructions on Reverse Side