

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☒ GAS WELL ☐ OTHER		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, NM 97499		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, 1650' FWL		8. FARM OR LEASE NAME Salazar Navajocito
14. PERMIT NO.		9. WELL NO. 7
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6163 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	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

*If well is directed, any drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-

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

RECEIVED

NOV 21 1983

JUL 1 1983

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

SIGNED M. J. Malone

TITLE Manager

DATE 11/1/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MMOCC

*See Instructions on Reverse Side