

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
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Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Trading Post

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

10, 26N, 14W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Cross Creek Corporation

3. ADDRESS OF OPERATOR

P.O. Box 447, Farmington, N.M. 87499-0447

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

At surface

P: 790' FSL & 790' FEL

14. PERMIT NO.

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

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)

Hot oil treatment

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 perti-
nent to this work.)

9/28/87

Verbal approval

10/3/87/Pumped 46 bbls oil in tubing.Temp.start 60 degrees,Finish at 200
degrees with 200 lbs. pressure. Ran engine on propane.No gas pressure.
Recovered in 34 hours.

10/14/87 well down-shut in for pump repair. *Temporary*

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

SIGNED

TITLE V-President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

9/28/87

ACCEPTED FOR RECORD

DATE

NOV 1 1991

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side