

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA WIW	5. LEASE DESIGNATION AND SERIAL NO. I-89-Ind-57
2. NAME OF OPERATOR John Staver	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo tribal
3. ADDRESS OF OPERATOR %Pohlmann & Associates, Room 200 Petr. Plaza, 3535 E. 30th, Farmington, NM	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 1980" FSL, & 1980" FWL sec 34	8. FARM OR LEASE NAME Table Mesa
14. PERMIT NO.	9. WELL NO. 25
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5339 DF	10. FIELD AND POOL, OR WILDCAT Table Mesa Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T28N, R17W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.) *

Plugged & Abandoned as follows:

1. Spot cement plug from TD @ 1456 to 1300 with 18 sks.
2. Spot cement plug from 750 to 800 with 6 sks.
3. Spot cement plug from 500' to 550' with 6 sks.
4. Spot cement plug from surface to 50'' with regulation marker.
5. Cleaned and restored surface.

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Approved and sealed by the well bore.
Liability under the Federal Oil and Gas Lease
surface restoration and reclamation.

OIL COLL. DIV.
DIS. 3

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

SIGNED [Signature]

TITLE Agent

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

DATE 11-20-86

DATE [Signature]

FARMINGTON DISTRICT

*See Instructions on Reverse Side

NMOCO