

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R142

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	88 OCT -6 AM 10:29	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2172
2. NAME OF OPERATOR Slayton Oil Corporation	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR PO Box 150 Farmington, NM 87499		7. UNIT AGREEMENT NAME NW Cha-Cha Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 35 T29N R14W	660/s 1986/E	8. FARM OR LEASE NAME NW Cha-Cha Gallup 35
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, CR, etc.)	9. WELL NO. # 34-28
		10. FIELD AND POOL, OR WILDCAT Cha-Cha Gallup
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 35 T29N R14W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Long term Shut-in <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.)

The pumping unit on this well was taken off in 1985, as per our last Sundry Report dated June 4, 1985. The unit has been repaired as of early 1986, but due to oil prices at that time, we couldn't justify re-installing the unit plus pulling and repairing the well.

As soon as we have better and stabilized prices we will do the work and have well back on production.

We are here-by requesting a long term shut in of this well, two to three years, due to economic reasons.

THIS APPROVAL EXPIRES

OCT 07 1989

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

SIGNED

Paul Slayton

TITLE

President

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOC

APPROVED

DATE Oct. 4, 1988

OCT 07 1988

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side