DEFARTMENT OF THE INTE	L 00 50
SUNDRY NOTICES AND REPORTS  (Do not use this form for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for suc	
OTL XX WELL OTHER	
2. NAME OF OPERATOR TIFFANY GAS COMPANY	8. FARM OR LEAST NAME USG Section 19
8. APPLESE OF OPERATOR P.O. DRAWER 3307, FARMINGTON, NM 87	9. WELL FO. 15
4. 10 ation or well (Report location clearly and in accordance with a See also space 17 below.)	
1600' FNL & 2374' FEL	HOGBACK DAKOTA  11. SEC., T., R., M., OR RUK. LND SCEVER OR LEFA
4. 11 317 NO. 15. ELEVATIONS (Show whether	Sec. 19, T29N, R16W 12. COUNTY OR PARIEN 13. ETATE San Juan NM
1 5123 GT.  Check Appropriate Box To Indicate	Nature of Notice, Report, or Other Data
SOTICE OF INTENTION TO:	BUBBEQUENT EXPOST OF:
FEACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OF REATIONS (Clearly state all perfit	WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  Sent details, and give pertinent dates, including estimated date of starting any exations and measured and true vertical depths for all markers and going [c.1]
SUBJECT WELL WAS PERMANENTLY PLUGGED  10/12/89  Pumped 41.3 CF (35 sx) Class	
displacement.	on BLM office witnessed cement operations.
10/14/89 Erected dry hole marker	RECEIVE !
	of Color Silv.
8 I hereby certify that the foregoing is true and gorrect	
SIGNED TITLE	Agent/Tiffany Gas Co. DATE 10/19/89
Jim HICKS  (Dila apace for Federal or State office use)	0000 / 1000
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE DATE
	MMOCD FARMSHATTINE AREA  FOR ON Reverse Side