|  | TMENT OF THE INTE   |   | 5. LEASE DEBIGNATI:   |   |  |
|--|---|---|---|---|--|
|  | 6. IF INDIAN, ALLOT   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |   |   |  |
| SUNDRY NO<br>(Do not use this form for pro<br>Use "APPL  |   | Navajo Tribal   |   |   |  |
| OIL XX GAB OTHER   | 7. UNIT AGREEMENT   | 7. UMIT AGREEMENT NAME  |   |   |  |
| 2. HAME OF OPERATOR  | 8. FARM OR LEASE N  | 8. FARM OR LEASE NAME   |   |   |  |
| TIFFANY GAS COMPANY  | USG Section   | USG Section 19  |   |   |  |
|  | 24  | 24  |   |   |  |
| P.O. Drawer 3307 -  4. LOCATION OF WELL (Report location See also space 17 below.)  At surface | 10. FIELD AND POOL,   | 10. FIELD AND FOOL, OR WILDCAT  Hogback Dakota  11. EBC., T., R., M., OR BLE. AND SURVEY OR ARM |   |   |  |
| 2310' FSL & 1650' F  | 11. SBC., T., R., M., O                                       |   |   |   |  |
| 14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                |   |   |   | Sec.19, T29N, R16W 12. COUNTY OR PARISH 18. STATE |  |
| 17. (22014 70.   | 5114' GL  |   | San Juan  | NM  |  |
| 16. Check  | Appropriate Box To Indicate                                   | Nature of Notice, Report, a   | or Other Data   |   |  |
| NOTICE OF INTENTION TO:  |   |   | BEQUENT REPORT OF:  | QUENT REPORT OF:                                  |  |
| TEST WATER SHUT-OFF  | PCLL OR ALTER CASING  | WATER SHUT-OFF  | REPAIRING   | WELL  |  |
| FRACTURE TREAT   | MULTIPLE COMPLETE   | FRACTURE TREATMENT  | ALTERING  | CASING  |  |
| SHOOT OR ACIDIZE   | ABANDOR*  | SECOTING OR ACIDIZING   | EHODNABA  | (ERT.   |  |
| REPAIR WELL  | CHANGE PLANS  | (Other) Temp. WI  | ther) Temp. Wtr Disposal (Note: Report results of multiple completion on Well |   |  |
| USG 19-19 Water Di   | ndby water disposal w<br>sposal Well.<br>e the USG 19-24 as a |   |   |   |  |
| BLM MAIL ROOM 88 AUG 18 PM 1: 30 FARMINGTON, NEW MEXICO  |   |   | MODATO<br>LOCALOS<br>LOCAL DIV  |   |  |
| b. I hereby certify that the foregoing   |   | Agent   |   | 3/15/88   |  |
| SIGNED Jim Hicks This space for Federal or State   | office use)   | Agent A   | CCEPTED FOR RE  |   |  |
|  |   |   |   |   |  |
| CONDITIONS OF APPROVAL, II   |   | AUG 2 2 1983  |   |   |  |
|  | *See Instruction  | _   | FARMINGIUM RESOURCE   | AREA  |  |