

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO 1-89-IND-58
2. NAME OF OPERATOR W.C. Imbo % JAMES M. RICHARDSON		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO Tribal
3. ADDRESS OF OPERATOR P.O. 22010 ALBUQUERQUE, N.M. 87145		7. UNIT AGREEMENT NAME NAVAJO 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SEC. 18 T-29N, R-16W, N.M.P.M. SAN JUAN COUNTY, N.M.		8. FARM OR LEASE NAME IMBT NAVAJO
14. PERMIT NO.		9. WELL NO. #3
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. FIELD AND POOL, OR WILDCAT HOGBACK-DAKOTA
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 1155-8, 2475-W,
		12. COUNTY OR PARISH SAN JUAN
		13. STATE N.MEX.

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) LONG TERM SHUT-IN <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 type="checkbox"/>
(Other) <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.)\*

- (1). UNABLE TO PRODUCE IN PAYING QUANTITIES UNDER EXISTING MARKET CONDITIONS.
- (2). REMOVED PUMP JACK DO TO VANDALIZE

RECEIVED  
OIL & GAS DIV.  
08 AUG 29 11:11:38  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

THIS APPROVAL EXPIRES SEP 01 1989  
RECEIVED  
SEP 02 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE OPERATOR

DATE 8/25/88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

MOCC

\*See Instructions on Reverse Side

APPROVED
DATE 8/25/88
AUG 31 1988
AREA MANAGER
FARMINGTON RESOURCE AREA