

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo 18

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 18, ~~BLK 18~~

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tiffany Gas Co.

3. ADDRESS OF OPERATOR  
P.O. Box 50, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1155' FNL 2475' FEL

14. PERMIT NO.

16. ELEVATIONS (Show whether DF, RT, OR, etc.)

5148 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) Change of Operator

(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.)\*

Effective January 1, 1990

New Operator: Tiffany Gas Co.  
P.O. Box 50  
Farmington, NM 87499

Bond Coverage: CR 7140982 (BIA Collective Bond)  
Principal: Tiffany Gas Co.  
Surety: Commercial Union

CR 7140601 (USA New Mexico Oil & Gas Bond)  
Principal: Tiffany Gas Co.  
Surety: Commercial Union

Tiffany Gas Co. agrees to be the responsible party under terms and conditions of the lease for operations conducted thereon.

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

SIGNED Sean C. Burr

TITLE Production Manager

DATE 1/17/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE

APR 18 1990

UNMOOD

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY Smv

RECEIVED

APR 23 1990

OIL CON. DIV.  
DIST. 3

RECEIVED  
MULTI-FUNCTIONAL ROOM  
90 JAN 18 PM 1:57

ACCEPTED FOR \_\_\_\_\_