

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

EXPIRES DATE: NOV. 1984-1985  
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. <b>I-89-IND-58</b>	
2. NAME OF OPERATOR <b>Tiffany Gas Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Tribal</b>	
3. ADDRESS OF OPERATOR <b>P.O. Box 3307, Farmington, N.M. 87499</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1155' FNL &amp; 2475' FEL</b>		8. FARM OR LEASE NAME <b>Navajo 18</b>	
14. PERMIT NO.		9. WELL NO. <b>3</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5148' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Hogback Dakota</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 18</b>	
		12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>N.M.</b>

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 PLANE <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/> <b>returning well to production</b>	

(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.)\*

Status: 4/6/1990: Installed temporary flow line from well head to lease gathering system header box.

4/7/1990: Well flowed 2.1bbbls oil & 0'bbbls water in 24 hr. @ 18 PSI.

4/8/1990: Well flowed 1.6 bbbls oil & 0'bbbls water in 24 hrs. @ 18PSI.

4/9/1990: Well flowed 1.4 bbbls oil & 0'bbbls water in 24 hrs. @ 18 PSI.

API # 3004520299

**RECEIVED**  
APR 18 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED

**Jim Hicks**

TITLE **Agent, Tiffany Gas Company**

DATE

**4/9/1990**

(This space for Federal or State office use)

**ACCEPTED FOR RECORD**

APPROVED BY

TITLE

DATE

**APR 16 1990**

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

**Jim**

\*See Instructions on Reverse Side