

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 1-89-IND-58	
2. NAME OF OPERATOR Tiffany Gas Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR P.O. Box 50, Farmington, NM 87499		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 495' FNL 2475' FEL		8. FARM OR LEASE NAME Navajo 18	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5162 GR 5108		10. FIELD AND POOL, OR WILDCAT Hogback Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T29N, R16W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS* <input type="checkbox"/>	(Other) Change of Operator <input checked="" 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.)*

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

RECEIVED
MAR 26 1990
OIL CON. DIV.
DIST. 3

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. Ruse TITLE Production Manager DATE 1/17/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: AMOOD

*See Instructions on Reverse Side