

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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.

5

10. FIELD AND POOL, OR WILDCAT

Hogback Dakota

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

S18, T29N, R30E

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tiffany Gas Company

3. ADDRESS OF OPERATOR

P.O. Box 3307, Farmington N.M. 87499

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, WT, GR, etc.)

5108' gr

16. 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) ☐

(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.)\*

5/18/90 Pumped 106 C.F. (90sx) class "B" cement down 4 1/2", 9.5# csg. @788'  
& open hole interval from 788' to 805' with no displacement @ 1/2 BPM,  
500-600 PSI. I.S.I.P. 150 PSI.  
L. Bixler with Farmington B.L.M. office witnessed plugging operation.

5/21/90 Installed Dry Hole Marker.

API #3004520331

Approved by \_\_\_\_\_  
Liability \_\_\_\_\_  
Surface restoration to original condition \_\_\_\_\_

RECEIVED

MAY 29 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

(This space for Federal or State office use)

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

TITLE

NMOCD

\*See Instructions on Reverse Side

APPROVED

DATE 5/21/90

MAY 29 1990  
DATE

Ken Townsend  
FOR AREA MANAGER  
FARMINGTON RESOURCE AREA