

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <i>IMBT</i> JAMES M. RICHARDSON	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO <i>Tribal</i>
3. ADDRESS OF OPERATOR P.O. 22010 ALBUQUERQUE, N.M. 87145	7. UNIT AGREEMENT NAME NAVAJO 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SEC. 7 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. # A7-3
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	10. FIELD AND POOL, OR WILDCAT HOGBACK-DAKOTA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 165-S, 2476-W, 111
	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:

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* ~~PLUGGED~~ X

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

(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.)*

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)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 31 1988

MMOCC

FARMINGTON RESOURCE AREA

BY

Sm

*See Instructions on Reverse Side