(For arly 9=331)	DEPARTMENT OF THE INTERI	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL HO I-89-IND-58 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	BUREAU OF LAND MANAGEMENT			
(Do not use t	JNDRY NOTICES AND REPORTS C	ACK to a different reservoir.	1 . m . e 1	
(Iso 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.			Navajo Tribe	
OIL CAS OTHER			/	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Tiffany Go	as Company	/-	Navajo 18	
P.O. BOx	3307, Farmington, N.M. 87499		10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)			10. FIELD AND POOL, OF	
At surface			Hogback Dakot	
1815' FSL	& 2475' FEL		SURVEY OR ARMA	
			Sec 18, T29N. R16W	
14. PERMIT NO.	15 ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OF PARISE San Juan	N.M.
16	5142 GR.	(N) - D		14.11.
16.	Check Appropriate Box To Indicate N			
	NOTICE OF INTENTION TO:		DENT REPORT OF:	
TEST WATER SHU FRACTURE TREAT	T-OFF PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING W	
SHOOT OR ACIDIZE		SHOOTING OR ACIDIZING	ABANDONMEN	
REPAIR WELL	CHANGE PLANS	(Other) Papart regulte	of multiple completion	on Well
(Other)	DOR COMPLETED OPERATIONS (Clearly state all pertinent	Completion or Recompl	etion Report and Log for	m.)
7/16/90	Pressure tested casing to 500 casing @ 88'. Pumped 443 cf cement returns between 4 1/2" Errected dry hole marker.	. (35sx) class "B" ce	ement down casir	ng and had good
		" JUL2 3 1990 " OIL COM. DIV.		
		DET. 3		
	Approved as to plug Liability under band surface restoration is	is retained unth		
API # 300	4520597		processor and an action of the contract of the	or cents or the decision terms of the figure
18. I bereby certify th	nat the foregoing is true and correct		APP	
SIGNED	TITLE Age	nt, Tiffany Gas Compa	any DATE7/.	17/90
	HICKS ederal or State office use)		1 -	1000
APPROVED BY _	TITLE		JUL 18	1990
CONDITIONS OF APPROVAL, IF ANY:			My Hon	en
	NN	(OCD	DO AREA MANA	
	*See Instructions	-	FARMINGTON RESC	Medical 174 (S) 3

*See Instructions on Reverse Side

COLUMN TO THE PARTY OF THE PART



CEMENTERS, INC._

P. O. BOX 302 • FARMINGTON, NEW MEXICO 87499 • (505) 632-3683

WELL # NOVO; 0 18-10 DATE 7/16/90
CEMENT USED: 35 5 K 5
CEMENT CIRCULATED: 1 BL, G.SSX
CEMENT RATE (PRESSURE): 4 1 2 BPm
PRESSURE: 100 TT
CEMENT TIME: 2 min
DISPLACEMENT BARRELS:
DISPLACEMENT RATE:
DISPLACEMENT PRESSURE:
DISPLACEMENT TIME:
PLUG BUMP TIMES AND PRESSURE: 10:30 A.117
OTHER: Pert, 41/2 pipe @ 90 Cement to surfec