

6 BLM  
November 1988  
Form 1004-1115

1 File 1 Duncan

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-1115  
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.)

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-10010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North Hogback 12

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Slickrock Dakota

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

Sec. 12, T 29N, R 17W, NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. PERMIT NO.

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

5042' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Long-Term Shut-in

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Request long term shut-in because this well is unable to produce in paying quantities under existing marketing conditions.

RECEIVED

JAN 08 1990

OIL CON. DIV  
DIST. 3

THIS APPROVAL EXPIRES NOV 09 1990

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

SIGNED

Jim L. Jacobs

TITLE

Geologist / Agent

DATE

11-9-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

APPROVED  
11-9-89  
JAN 09 1990  
DATE  
FARM AREA MANAGER  
FARMINGTON RESOURCE AREA