

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 ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR W.C. Imb6  
% JAMES M. RICHARDSON  
3. ADDRESS OF OPERATOR  
P.O. 22010 ALBUQUERQUE, N.M. 87145  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
SEC. 18 T-29N, R-16W, N.M.P.M.  
SAN JUAN COUNTY, N.M.  
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5. LEASE DESIGNATION AND SERIAL NO  
1-89-IND-58  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NAVAJO Tribe  
7. UNIT AGREEMENT NAME  
NAVAJO 18  
8. FARM OR LEASE NAME  
IMBT NAVAJO  
9. WELL NO.  
# 13  
10. FIELD AND POOL, OR WILDCAT  
HOGBACK-DAKOTA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
495-S, 1485-W,  
12. COUNTY OR PARISH 13. STATE  
SAN JUAN 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 <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"/>
RHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>STATUS</u> <u>OK</u>	
(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.) \*

RECEIVED  
OIL CON. DIV.  
SEP 29 1983  
FARMINGTON RESOURCE AREA  
FARMINGTON NEW MEXICO

RECEIVED  
SEP 02 1983  
OIL CON. DIV.  
FBI, R

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

SIGNED [Signature] TITLE OPERATOR

DATE 8/25/88  
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE 31 1983

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side