

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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. I-89-IND-58
2. NAME OF OPERATOR Tiffany Gas Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR P.O. Box 50, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 5009 GL 1280/5 M 670/2	8. FARM OR LEASE NAME USG Sec. 18
	9. WELL NO. 4342
	10. FIELD AND POOL, OR WILDCAT Hogback/Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T29N, R16W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 1280' FSL 670' FWL	13. STATE N.M.

10. 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"/>
SHOOT 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) See below	

(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.)*

Please refer to your letter dated April 16, 1991 (copy attached).

Have elected to use storage tanks on location. Tank tables have previously been furnished your office.

RECEIVED

JUN 11 1991

OIL CON. DIV.
DIST. 3

RECEIVED
OIL CON. DIV.
JUN 11 1991

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

SIGNED Joel B. Burr, Jr. TITLE General Partner DATE 4/19/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUN 10 1991

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOOD

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SUNDRY NOTICES AND REPORTS ON WELLS

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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. I-89-IND-58	
2. NAME OF OPERATOR Tiffany Gas Co.		6. LEASE OR LESSOR NAME USG Sec. 18	
3. ADDRESS OF OPERATOR P.O. Box 50, Farmington, N.M. 87499		7. WELL NO. 4242	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 5009 GL		8. UNIT AGREEMENT NAME BLM Navajo Tribe	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 1280' FSL 670' FWL	
		16. COUNTY OR PARISH San Juan	
		17. STATE N.M.	

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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) See below

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion in Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (If merely 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 permission to measure sales of oil from subject well by calibrated tank truck of crude oil purchaser, Meridian Oil Co.

RECEIVED
BLM
MARCH 23 11:13
019 FARMINGTON, N.M.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BLM



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
1235 LAPLATA HIGHWAY
FARMINGTON, NEW MEXICO 87401

TAKE
PRIDE IN
AMERICA

IN REPLY REFER TO:
I-89-IND-58 (WC)
3162.7 (019)

RECEIVED APR 17 1991

APR. 16 1991

Tiffany Gas Co.
P. O. Box 50
Farmington, NM 87499

Gentlemen:

The Sundry Notices for well No. 42 USG sec. 18 and well No. 43 USG sec. 18 are being returned unapproved. Additional information is required before approval can be granted to measure sales of oil on a calibrated tank truck: It is necessary to submit tank calibration tables for the tank(s) that will be utilized. The tank tables are to be from an independent source, such as the manufacturer. An explanation of why it is necessary to measure the sales of oil in this manner and a statement that the remaining aspects of the measurement of the oil will be in compliance with Onshore Order No. 4.

Please attach the required information to the Sundry Notices and re-submit. If you have any questions, contact Wayne Townsend with this office at (505) 327-5344.

Sincerely,

W. L. Keller
for John L. Keller
Chief, Branch of Mineral Resources

1 Enclosure
1 - Sundry Notices (12 pp)

RECEIVED
BLM
21 APR 23 PM 11:13
019 FARMINGTON, N.M.