

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.<br><b>I-89-IND-58</b>                         |
| 2. NAME OF OPERATOR<br><b>Tiffany Gas Company</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><b>Navajo Tribe</b>                       |
| 3. ADDRESS OF OPERATOR<br><b>P.O. Drawer 3307 - Farmington, NM 87499</b>  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1505' FSL &amp; 1690' FWL</b> |  | 8. FARM OR LEASE NAME<br><b>USG SECTION 18</b>                                    |
| 14. PERMIT NO.  |  | 9. WELL NO.<br><b>47</b>  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>5042' GR</b>   |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Hogback/Penn/Leadville</b>                   |
|   |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br><b>NE/SW Sec 7, T29N, R16W</b> |
|   |  | 12. COUNTY OR PARISH<br><b>San Juan</b>   |
|   |  | 13. STATE<br><b>NM</b>  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                          |

SUBSEQUENT REPORT OF:

|                               |                          |                 |                                     |
|-------------------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF                | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT            | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING         | <input type="checkbox"/> | ABANDONMENT*    | <input checked="" type="checkbox"/> |
| (Other) <b>Current Status</b> | <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.)\*

The subject well had oil on the pits while drilling below the Dakota Formation. We feel the oil came from the Dakota Formation. Drilling a Dakota test is a strong possibility. If our Study's confirm the Dakota is a drilling prospect and the Dakota Test is successful, this well may be completed as a Dokata producer or used for disposal of produced water.

We respectfully request the subject well continue to be carried as Temporarily Abandon until July 1st, 1989.

THIS APPROVAL EXPIRES

RECEIVED  
AUG 08 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

**Jim Hicks**

TITLE **Agent**

DATE **8/02/88**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side