

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 <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 COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR P.O. BOX 3307, 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 1485' FSL & 850' FWL	8. FARM OR LEASE NAME USG SEC. 18
14. PERMIT NO.	9. WELL NO. 54
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5033' GR.	10. FIELD AND POOL, OR WILDCAT Hogback Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, <del>10</del> 16 W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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"/>
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) drilling 3 7/8" open hole <input checked="" type="checkbox"/>	
(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.)\*

7/21/90 Nippled up B.O.P. to 4 1/2" casing and pressure tested to 1500 psi for 15 min. with no bleed off. W.O.C. time 18 hrs.

Air drilled 3 7/8" open hole from 706' to 716.5' GR. Nippled down B.O.P., installed well head valves, shut well in waiting on test tank, and released rig.

RECEIVED

AUG 06 1990

OIL CON. DIV

DIST. 3

API #30-045-27943

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

SIGNED JIM HICKS

TITLE Agent, Tiffany Gas Company

DATE 7/21/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE \_\_\_\_\_

NMOCD

AUG 02 1990

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY MT