

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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 1025' FSL & 1575'FWL	8. FARM OR LEASE NAME USG Sec. 18
14. PERMIT NO.	9. WELL NO. 55
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5034'	10. FIELD AND POOL, OR WILDCAT Hogback Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, T29N, R16W
	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:

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"/>		<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 type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Spud & 7" surface casing	<input checked="" 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.)*

7/12/90 This well was spudded 7/12/90 @1030 hrs.
A 10 1/4" hole was cable tool drilled to 31' GR. S.D.O.N.

7/13/90 S.D.

7/14/90 S.D.

7/15/90 T.D.'d 10 1/4" hole @ 44'GR.

7/16/90 One (1) joint of 7", 23#, LTC, N-80 casing was set @ 44' GR. and cemented with 41.3 CF.(35sx) class "B" cement 6.5sx circulated.
Job complete @1130 hrs. S.D.O.N. W.O.C.

API # 30-045-27944

RECEIVED
JUL 31 1990
OIL CON. DIV.
DIST. 3

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

SIGNED JIM HICKS

TITLE Agent, Tiffany Gas Company DATE 7/17/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
NMOCD

ACCEPTED FOR RECORD

JUL 24 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA