Form approved. Budget Bureau No. 1004-0135 Form 3160-5 UNITED STATES

BUBMIT IN TRIPLICATE®

Other instructions on rerepresented to the control of the instructions of rerepresented to the control of the cont **UNITED STATES** Expires August 31, 1985 (November 1983) 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT 6 IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) Navajo. UNIT AGREEMENT NAME GAS Well WELL HARLOND SALLY ET NAME OF OPERATOR "Ind 1640 ago Daile Peterleum 510c 1099-18thSt Plaza Donver lolo 10. FIELD, AND POOL, OR WILDCAT 102900 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) istorie. Gallu IC., T., R., M., OR BLE. AND SURVEY OR ARMA Section 10 NE T3/N - R17W HE Seckiow 10 T31N.RITW

12. COUNTY OF PARISH 18. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) SAN JUAN New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING TEST WATER BHUT-OF WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CABING SHOOT OR ACIDIZE SHOOTING OR ACIDIZING ABANDON MENT REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 gones pertinent to this work.)* on cosing at 230' propose to set plug at 300' with 3 socks (25') of sand the in to easing squeeze come # + to surface drill out And retaine plug and well book to injection. RECEIVED APR 1 6 1985

EUREAU OF LAND MANAGEMENT

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

SIGNED TITLE

(This space for Federal or State office use)

APPROVED BY TITLE

CONDITIONS OF APPROVAL, IF ANT:

*See Instructions on Reverse Side