

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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. 14-20-603-2033
2. NAME OF OPERATOR MARMAC PETROLEUM		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO TIRBAL
3. ADDRESS OF OPERATOR 2120 SOUTH HOLLY SUITE 207		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  1980' fsl & 1980' fwl		8. FARM OR LEASE NAME NAVAJO TRIBE OF INDIANS "G"
14. PERMIT NO.		9. WELL NO. 209
15. ELEVATIONS (Show whether DF, RT, GR, etc.) S285GL		10. FIELD AND POOL, OR WILDCAT MANY ROCKS GALLUP
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 1-31N-17W
		12. COUNTY OR PARISH SAN JUAN
		13. STATE NM

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 type="checkbox"/>
(Other) returned to production <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.)

This is to inform you - subject well was returned to production 12-01-88

RECEIVED  
MAIL ROOM  
60 DEC 19 AM 11:00  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
DEC 20 1988  
OIL & GAS DIV.  
FARM.

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

SIGNED [Signature]

TITLE PRODUCTION SUPERVISOR

ACCEPTED FOR RECORD  
DEC 21 1988

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DEC 21 1988  
DATE

NMOC

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side