orm 3160-5 August 1000

UNITED STATES

FORM APPROVED OMB No. 1004-0135

August 1999)	DEPARTMENT OF THE INTERIOR							Expires November 30, 2000			
	100	DECDE AND AND LOADS	CHES ATTRICE		n. 2	. 02	5. Lease Ser	ial No.			
	SUNDRY NOTICES AND REPORTS ON WELLS! PN 2: 02 Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals						14-20-603-65				
							6. If Indian, Allottee or Tribe Name				
							NAVAGO TRIBA				
			<u> </u>	1/2//					nent, Name and		
•	SUBMIT IN TRIE	IPLICATE - Other instru	uctions or	i reverse s	ide		7. յք փոր օւ	CAVABIEC	Heim' Ladic and	/UF 140.	
,			·			- 18 Bi					
. Type of W	/ell						D Ulail Nine	and No		·	
Oil W	ell 🔲 Gas Well 🔀	Other W/W					8. Well Nar	ne and No.	· ' (m ' /	700	
							9. API Wel) -L	<u>'m'</u>		
Hart	Operator Ojl & Gos	3 INC					700 Y	1 NO. 5 / (<) '	8800 s	1	
3a. Address P.S. Bar 307 8150/ 3b. Phone No. (include area code)								799 45/10880951 10. Field and Pool, or Exploratory Area			
3a. Address P.S. Box 307 8750/ 3b. Phone No. (include area code) Forming town WW 57459 505-326-1163							Horselse Ball				
4. Location of Well (Foolage, Sec., T., R., M., or Survey Description) (980-FNL + 660 FE							11. County or Parish, State				
	(780 - FNE	L + 660 F-L		•			11. County	a ransm, o			
. <							Sen	\sim	uen 1	U.M	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,											
	12. CHECK API	PROPRIATE BOX(ES) T	O INDICA				EPORT, OR	OTHER	DATA		
TYPE OI	PE OF SUBMISSION TYPE OF ACTION										
		[T] Apidian	Deeper		$\overline{\Box}$	Production (Star	(Resume)	☐ Walcı	Shut-Off		
Cal Matter	of laters	Acidize	Fractur			Recismation		Well!	Integrity		
Nonce	of Intent	Alter Casing				Recomplete		Other			
Subseq	uem Report	Casing Repair		onstruction	-	Temporarily Al	andon	_	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
		Change Plans		d Abandon			IEIMON.				
	bandonment Notice	Convert to Injection	Plug B			Water Disposal					
Attach the following testing h	sposal is to deepen uner the Bond under which the g completion of the inver- as here completed. Fit	ed Operation (clearly state all per ectionally or recomplete horizont the work will be performed or provided operations. If the operational Abandonment Notices shall by for final inspection.)	rovide the Bor on results in a be filed only	d No. on file v multiple comp after all require	with B detion ement	LM/BIA. Requ or recompletion s, including recl	ired subsequentin a new inter- amation, have	reports sn val, ≱ Form been comp	3160-4 shall be leted, and the o	filed once perator has	
14. I hereb	certify that the foregoi	oing is true and correct		1			,				
Name (Printed/Typed)	CO O CEIN	/	Title		5,00	t.				
	EO W.	SKIPFI				575	/				
Signatu	ne Had	Geiffir	Mr	Date		12/	/3/0	<u> </u>	7-		
					TATI	e ARRICE HIS			a Mari		

THIS SPACE FOR FEDERAL OR STATE OFFI

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.