Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 Ferm 3160-5 UNITED STATES SUBMIT IN TRIPLICATE. (November 1983) DEPARTMENT OF THE INTERIOR (Other Instructions on 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT 14-20-603-2034 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 Tribal 7. UNIT AGREEMBNT NAME WELL WELL 🔲 other Water Injection Well S. FARM OR LEASE NAME 2. NAME OF OPERATOR Marmac Petroleum Company Navajo Tribe Of Indians"F" 9. WELL NO. 2120 S. Holly, Suite 207; Denver, Colo. 80222 144 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup 11. SBC., T., R., M., OR BLE. AND SURVEY OR AREA 990' FSL & 1980' FEL 10--13N--17W 12. COUPTY OR PARISE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 18. STATE 14 PERMIT NO 5208 GR San Juan NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF WATER SHUT-OFF REPAIRING WELL PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CABING ABANDON' SECOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDONMENT* 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.) * Request an additional 30 days to determine if we wish to repair the well or to propose plans to plug and abandon. We are requesting this extention because we have assumed operations as of the 1st of September and have not had sufficient time to evaluate the records. THIS APPROVAL EXPIRES 18. I hereby certify that the foregoing is true/and/correct TITLE Production Supervisor Deviona Edward (This space for Federal or State office/use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side