

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Water Injection well</i>	
2. NAME OF OPERATOR <i>W. Hart Oil & Gas Inc.</i>	
3. ADDRESS OF OPERATOR <i>PO Box 186 Ft Lupton, Colo 80621</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>990' FSL + 1980' FEL</i>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>5208 SL</i>
5. LEASE DESIGNATION AND SERIAL NO. <i>14-20-603-2034</i>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Navajo Tribal</i>	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <i>Navajo Tribe of Indians "F"</i>	
9. WELL NO. <i>F 144</i>	
10. FIELD AND POOL, OR WILDCAT <i>Horseshoe Valley</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>10-31N-17W</i>	
12. COUNTY OR PARISH	13. STATE <i>San Juan N.M.</i>

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 checked="" type="checkbox"/>
(Other) <i>Temporarily abandon</i>	

(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.)*

I would like till July 1, 1993 to test & evaluate this well for oil production.

RECEIVED
OCT 20 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
OCT 25 PM 12:47
019 FARM LUTON, N.M.

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

SIGNED *John W. Winters* TITLE *Operator* DATE *10-20-92*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 27 1992

AREA MANAGER

*See Instructions on Reverse Side

UNACCP