

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.)

|                                                                                                                                                                 |  |                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>14-20-603-2034                 |  |
| 2. NAME OF OPERATOR<br>Marmac Petroleum Co.<br>% Hart Oil & Gas Inc.                                                                                            |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Navajo                        |  |
| 3. ADDRESS OF OPERATOR<br>Drawer 1480 Cortez Co, 81321                                                                                                          |  | 7. UNIT AGREEMENT NAME                                                |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL & 1980' FWL |  | 8. FARM OR LEASE NAME                                                 |  |
| 14. PERMIT NO.                                                                                                                                                  |  | 9. WELL NO.<br>F-145                                                  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5190 GL                                                                                                       |  | 10. FIELD AND POOL, OR WILDCAT<br>Horseshoe Gallup                    |  |
|                                                                                                                                                                 |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>sec 10, T31N R17W |  |
|                                                                                                                                                                 |  | 12. COUNTY OR PARISH<br>San Juan                                      |  |
|                                                                                                                                                                 |  | 13. STATE<br>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 checked="" type="checkbox"/> |
| (Other) long-term shut-in                                                                             |                                                  |
| (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 herein request a long term shut-in until oil prices improve. I am also considering converting this well into a water injection well in the future

THIS APPROVAL EXPIRES AUG 01 1999

RECEIVED  
OCT 16 1995  
OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side  
NMOCB