

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. 14-20-603-2033
2. NAME OF OPERATOR MARMAC PETROLEUM COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR 2120 South Holly Suite 207, Denver, Colorado 80222		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 1330 FSL 1310 FWL		8. FARM OR LEASE NAME NAYASO TRIBE OF IND. "G"
14. PERMIT NO.		9. WELL NO. 227
15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5154 GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup-GallupSa
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T31N R17W Sec 11
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Plug and Abandon	

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) <input 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.)

Dry hole marker was installed & restoration & clean up completed.

RECEIVED
MAIL ROOM

69 MAR 15 AM 10:04

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

Approved as to plugging of the well.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED Edward J. De Jong

TITLE Production Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 3-13-89

MAR 15 1989

[Signature]

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA