

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

A.P.A. Development Inc.

3. ADDRESS OF OPERATOR

Box 215 Cortez CO. 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

580' FSL & 2215 FEL

Sec 35 T32N R17W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

14-60-600-3540

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "P"

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

11. SEC., T., R., M., OR BLK. AND  
SUBDIVISION OR AREA

Sec 35 T32N R17W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) T&A

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE, DISCUSS OR COMPLETE 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 perti-  
nent to this work.)

Plan to Set drillable bridge plug above perfs  
and pressure test casing

RECEIVED  
MAR 27 1992  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
92 MAR 17 PM 1:56  
019 FARMINGTON, N.M.

THIS APPROVAL EXPIRES APR 01 1993

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

SIGNED

Pat Woolley

TITLE

DATE

3/13/92

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1992

AREA MANAGER

\*See Instructions on Reverse Side