

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No
14-20-600-3540

6. If Indian, Allottee or Tribe Name
NAVAJO

7. If Unit or CA, Agreement Designation

8. Well Name and No.
NAVAJO "P" #3

9. API Well No.
30045111480051

10. Field and Pool, or Exploratory Area
MANY ROCKS FA.

11. County or Parish, State
SAN JUAN, NM

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
A.P.A. Development, Inc.

3. Address and Telephone No
P.O. Box 215 Cortez, CO 81321 303-565-2458

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**580' FSL + 2215' FEL
Sec. 35 T32N R17W**

| CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | |
|--|---|--|
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other T.A. | <input type="checkbox"/> Dispose Water |

13. 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.)

Wish to continue T.A. status. Well casing was not tested in 1992, but we are planning to schedule it in

RECEIVED
BLM
93 MAY 19 AM 11:13
070 FARMINGTON NM
MAY 24 1993
OIL CON. DIV
DIST. 3

THIS APPROVAL EXPIRES **APR 01 1994**

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

Signed **Pat Woschky** Title _____ Date **5-15-93**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED
MAY 20 1993
DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See instruction on Reverse Side

NMOCD