

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.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR
APA 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
660 FSL & 660 FEL
Sec 35 T32N R17W

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3540

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo "P"

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Many Rocks Gailup

11. SEC., T., R., M., OR BLK. AND SURVEY 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 COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANT ☐

(Other) WIW

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) _____

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Fully 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.

Plan to condition well back to active water injection.

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

RECEIVED
BLM
92 MAR 17 PM 1:56
JIG 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE MAR 26 1992

AREA MANAGER

*See Instructions on Reverse Side