

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-5013
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well "Water"</u>	7. UNIT AGREEMENT NAME <u>Navajo</u>
2. NAME OF OPERATOR <u>Bay Star Petroleum Corporation</u>	8. FARM OR LEASE NAME <u>Navajo M</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 2975 Corpus Christi, Texas 78403</u>	9. WELL NO. <u># 8</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980 fml to 775 fcl from the A/E/4 of section 34</u>	10. FIELD AND POOL OR WILDCAT <u>Manu Rocks</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 34-T32N-R17W</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>5899' GR</u>	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>N.M.</u>

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AUG 15 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

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.)

7. 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.) *

Work performed on 7/24/85 Backside filled with 10 barrels of water and packer held. 165 gallons of water was mixed with Unidem 410 chemical. Chemical was pumped in and shut down. 388 gallons of H_2O at 900 psi. The well was left off overnight and then injection started again on 7/25/85.

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OIL CON. DIST. 3

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

SIGNED Karla L. Wheeler

TITLE Geologist

DATE 8/14/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE AUG 16 1985

*See Instructions on Reverse Side

MOCC

FARMINGTON RESOURCE AREA

BY Sm