

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ST. 0011 IN THE BUREAU
(Other instructions on re-
verse side)

Expires August 31, 1985

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

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "M"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

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

Sec 34 T32N R17W

12. COUNTY OR PARISH 13. STATE

San Juan NM

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 ☐

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

2230' FEL ~~330'FW~~

Sec 34 T32N R17W

14. PERMIT NO.

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

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 PLANS ☐

(Other) ☒ T&A

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. 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 on top of
perfs and test casing

RECEIVED

MAR 27 1992

OIL CON. DIV
DIST. 3

019 FARMINGTON, N.M.

92 MAR 17 PM 1:57

RECEIVED
BLM

THIS APPROVAL EXPIRES APR 01 1993

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

SIGNED Pat Wooley

TITLE _____

DATE 3/13/92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

APPROVED

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1992

AREA MANAGER

*See Instructions on Reverse Side

NMOOD

