

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	5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3540
2. NAME OF OPERATOR A.P.A. Development Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR Box 215 Cortez CO 81321	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 810' FNL & 510' FWL Sec. 35 T32N R17W	8. FARM OR LEASE NAME Navajo "P"
14. PERMIT NO.	9. WELL NO. 11
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Many Rocks GALLUP
	11. SEC., T., R., M., OR BLE, 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* ☐

(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 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 1:55
019 FARMINGTON, N.M.

THIS APPROVAL EXPIRES APR 01 1993

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

SIGNED **Pat Wooly** TITLE _____ DATE **3/13/92**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

DATE

MAR 26 1992

AREA MANAGER

*See Instructions on Reverse Side

NMOOD