

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.

1. ☒ oil well ☐ gas well ☐ other Injection Well
2. NAME OF OPERATOR
A.P.A. Development Inc.
3. ADDRESS OF OPERATOR
P.O. Box 215, Cortez, CO 81321
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 625' FNL & 2000' FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) casing integrity test

5. LEASE
1-20-603-5012
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo "A"
9. WELL NO.
81X
10. FIELD OR WILDCAT NAME
Mary Rocks Calder
11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA
Sec. 27 T32N RL7W
12. COUNTY OR PARISH 13. STATE
San Juan NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDE, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Tested 5" casing on the 10/12/90 as follows:

1. 10:20 a.m. -- hooked up pump, pressure gauges, wellhead etc.
2. 10:47 a.m. - waiting on BLM representative.
3. 12:02 p.m. - waiting on BLM, began filling backside with water.
4. 12:12 p.m. - pressured to 500 PSI and shut in.
5. 12:30 p.m. - pressure - 500 PSI.
6. 1:00 p.m. - pressure - 500 PSI.
7. 2:15 p.m. -- pressure - 500 PSI, rig equipment down.

Subsurface Safety Valve: Manuf. and Type: packard set at 1705' Set @ 1713' - 1720'

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

SIGNED: Pat Woody TITLE: Operator DATE: 10/29/90

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY: