

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-5012
2. Name of Operator A.P.A. Development Inc.	6. If Indian, Allottee or Tribe Name Navajo
3. Address and Telephone No. P.O. Box 215, Cortez, CO 81321 (303)565-2458	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 2280' FEL, Sec. 27 T32N R17W	8. Well Name and No. 10
	9. API Well No. 300451125300S1
	10. Field and Pool, or Exploratory Area Many Rocks Gallup
	11. County or Parish, State San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
13. 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 continue long term shut-in due to economic conditions.

RECEIVED
NOV 12 1992
OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES SEP 01 1993

RECEIVED
BLM
OCT 30 PM 1:20

14. I hereby certify that the foregoing is true and correct		
Signed <u>Kat Wobley</u>	Title <u>Operator</u>	Date <u>10/15/92</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date <u>NOV 06 1992</u>
Conditions of approval, if any:		

APPROVED
AREA MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See Instruction on Reverse Side