

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5012
2. NAME OF OPERATOR A.P.A. DEVELOPEMENT	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 2300' FNL & 920' FWL	8. FARM OR LEASE NAME NAVAJO
	9. WELL NO. #8
	10. FIELD AND POOL, OR WILDCAT Many Rocks (Gallup)
	11. SEC., T., R., & OR BLK. AND SURVEY OR AREA SEC. 27 T. 32 N. R. 17 W
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.)
	12. COUNTY OR PARISH SAN JUAN
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) XX

(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.)

PAN to put Back on production.

RECEIVED
MAR 27 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
92 MAR 18 PM 2:32
019 FARRINGTON, N.M.

APR 01 1993

THIS APPROVAL EXPIRES

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

SIGNED <u>Pat Wozelby</u>	TITLE _____	DATE <u>3/13/92</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED

MAR 25 1992

AREA MANAGER

*See Instructions on Reverse Side