Form 3160-5

| (December 1989) | | DSTATES | | FORM APPROVED |
|-------------------------------------|--|--|----------------------------------|--|
| | DEPARTMENT | OF THE INTERIOR | | Budget Bureau No. 1004-0135 Expires: September 30, 1990 |
| | BUREAU OF LA | LAND MANAGEMENT | | 5 Lease Designation and Serial No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | I149IND7850 | |
| | 6: If Indian, Allottee or Tribe Name | | | |
| Do not use this form Use | Navajo Tribal | | | |
| | ? If Unit or CA, Agreement Designation | | | |
| 1. Type of Well | _ | | | |
| X Well Gas Well | 8. Well Name and No. | | | |
| 2. Name of Operator | Navajo "Aztec" #5 | | | |
| GRAND RESC | 9. API Well No. | | | |
| 3. Address and Telephone No. | 300451130500S1 | | | |
| 2250 E. 73rd S | 10 Field and Puol, or Exploratory Area | | | |
| 4. Location of Well (Footage, Se | Gallup ///www. | | | |
| 610 FNL - 198 | 11. County or Parish, State | | | |
| Sec. 25-32N-1 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | San Juan County, NM |
| 12. CHECK AP | PROPRIATE BOX(s) | O INDICATE NATURE O | F NOTICE, REPOR | T, OR OTHER DATA |
| TYPE OF SUE | BMISSION | | TYPE OF ACTION | |
| Notice of Inte | ent | Abandonment | | Change of Plans |
| _ | | Recompletion | | New Construction |
| X Subsequent R | eport | Plugging Back | | Non-Routine Fracturing |
| <u>—</u> | | Casing Repair | | Water Shut-Off |
| Final Abando | nment Notice | Altering Casing | | Conversion to Injection |
| | | Other | *** | |
| - | | | Recompletion Report and | |
| 13. Describe Proposed or Complete | ed Operations (Clearly state all per | inent details, and give pertinent dates, incli | iding estimated date of starting | any proposed work. If well is directionally drilled. |

Convert #5"A", a producing well to an injection well.

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU. Pull 2 1/16" 8 Rd EUE J-55 tbg out of hole, run same tubing with Arrow Tension Packer to 1650'. Pressure test casing to 1000 psi.

> MOVER 1391 OIL CONTROLL

| Signed Title Operations Manager Operations Manager NOV 199 Conditions of approval, if any: Title Operations Manager NOV 199 FARIWINGTON RESOURCE MARKET | | | • |
|--|--|-------------------------|------|
| Approved by Cynditions of approval, if any: Title Date FARIMITY OF ALGOUNG MADE TITLE | 14. I hereby certify that the foregoing is trace to correct Signed | Title Operations Manage | |
| | Approved by | Talke | Date |

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