

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(*Other instructions on reverse 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
A.P.A. DEVELOPMENT

3. ADDRESS OF OPERATOR
Box 215 CORTEZ CO 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2310' FNL & 330' FWL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NAVAJO

7. UNIT AGREEMENT NAME
NAVAJO

8. FARM OR LEASE NAME
NAVAJO AA

9. WELL NO.
#4

10. FIELD AND POOL, OR WILDCAT
MANY ROCKS (GALlop)

11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA
SEC. 17 T32N R17W

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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) _____	

(Other) XX

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 (T.A.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

RECEIVED
MAR 27 1992
OIL CON. DIV.
DIST. 2

RECEIVED
BLM
92 MAR 18 PM 2:33
010 FIELD STATION, N.M.

APR 01 1993

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

SIGNED Pat Wootley

TITLE _____

DATE 3/13/92

(This space for Federal or State office use)

APPROVED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE MAR 25 1992

[Signature]
AREA MANAGER

*See Instructions on Reverse Side
NMOOD