

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-585  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ 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

952' FNL & 958 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME  
NAVAJO

8. FARM OR LEASE NAME

NAVAJO AA

9. WELL NO.  
#16

10. FIELD AND POOL, OR WILDCAT

MANY ROCKS (GALLYP)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SEC 20 T32N R17W

12. COUNTY OR PARISH 13. STATE

SAN JUAN N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHUT-OFF OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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 perti-  
nent to this work.)

Using GAS ON LEASE. EXCESS GAS IS NOT  
BEING SOLD DUE TO EXISTING MARKET CONDITIONS.

RECEIVED  
BLM  
92 MAR 18 PM 2:33  
019 FARMINGTON, N.M.

RECEIVED  
APR 23 1992  
OIL CON. DIV.  
DIST. 3

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

SIGNED

Pat Wozzley

TITLE

DATE

3/13/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 22 1992

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

SM

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.

11000

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Harrison Petroleum 37453</u>	Well API No. <u>30-045-12199</u>
Address <u>P. O. Box 352, Shiprock, NM, 87420</u>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of Operator	
If change of operator give name and address of previous operator <u>A.P.A. Development, Inc. Box 215, Cortez, Co., 81321</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo AA 14159</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>44700 North Many Rocks, Lower</u>	Kind of Lease <u>NAVAJO</u> State, Federal or Fee	Lease No. <u>14-20-603-585</u>
Location Unit Letter <u>A</u> : <u>952</u> Feet From The <u>North</u> Line and <u>958</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>32N</u> Range <u>17W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <u>Gary Williams, Energy Corp. 0000410</u>	Address (Give address to which approved copy of this form is to be sent) <u>89 Rd., Blmfld., NM, 87413</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>None</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>20</u>
	Twp. <u>32N</u>	Rge. <u>17W</u>
	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH	CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for 24 hours or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Lee J. Harrison, Sr.  
Printed Name LEE J. HARRISON, SR. Title  
Date 1-20-94 Telephone No. 368-5137

OIL CONSERVATION DIVISION

Date Approved JAN 31 1994  
By Brian D. Chang  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.