

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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.)

07 JUN 29 AM 9:37

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED MAIL ROOM	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-583
2. NAME OF OPERATOR ARI-MEX Oil & Exploration, Inc.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR Post Office Box 249 Moab, Utah 84532		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 440' FSL 1980' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5820 GR	9. WELL NO. 5
		10. FIELD AND POOL, OR WILDCAT Mesa Gallup/Sanosteesands
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T32N-R18W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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) Long term shut-in	
(Other) <input type="checkbox"/>		(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.)*

Request long-term shut-in for gas well in an oil pool. At the present time it is not economically feasible to produce; in the absence of approval from BLM, premature abandonment of the site will be our only option.

RECEIVED
JUL 01 1987
OIL CON. DIV.
DIST 2

THIS APPROVAL EXPIRES MAY 31 1989

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

SIGNED <i>E.D. Nightingale</i>	TITLE President	DATE June 25, 1987
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC