

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-583
2. NAME OF OPERATOR ARI -MEX Oil & Exploration, Inc.	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	8. FARM OR LEASE NAME
14. PERMIT NO. 440' FSL 1980' FEL	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 5820 GR	10. FIELD AND POOL, OR WILDCAT Mesa Gallup/Sanostee sand
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10- T 32N - R18W
	12. COUNTY OR PARISH 13. STATE San Juan New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Long term shut-in			
(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.

THIS APPROVAL EXPIRES 5/31/89

RECEIVED

JUN 06 1988

CON. DIV.  
DIST. 3

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

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

SIGNER *I.D. Nightingale*

TITLE I.D. Nightingale/President DATE May 26, 1988

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUN 06 1988

*John Skellin*  
AREA MANAGER

\*See Instructions on Reverse Side

NMOCC

## Conditions of Approval

Since this well is to remain shut-in, you are required to test the casing integrity. Bill Blackard is to be contacted 48 hrs before the test so it may be witnessed. He can be reached at (305) 327-5344. If the casing test is not completed by September 1, 1988 the subject approval will expire on that date. If the casing test fails, you will be required to submit your plans to repair the casing or plug and abandon the subject well.

**REIVED**

JUN 06 1988

CON. DIV.]

DIST. 3