

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-585
2. Name of Operator A.P.A. Development, Inc.	6. If Indian, Allottee or Tribe Name Navajo
3. Address and Telephone No. P.O. Box 215, Cortez, CO 81321 (303)565-2458	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 1650' FWL Sec. 17, T32N R17W	8. Well Name and No. Navajo AA #23
	9. API Well No. 300452147800S1
	10. Field and Pool, or Exploratory Area North Many Rocks Gallup
	11. County or Parish, State San Juan, New Mexico

**12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

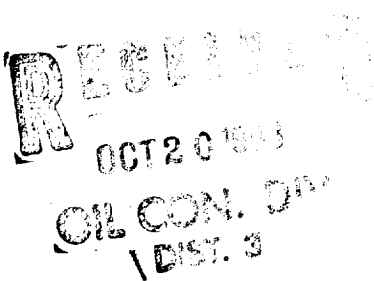
**TYPE OF ACTION**

- |   |   |
|---|---|
| <input type="checkbox"/> Abandonment<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Plugging Back<br><input type="checkbox"/> Casing Repair<br><input type="checkbox"/> Altering Casing<br><input checked="" type="checkbox"/> Other <u>Long Term Shut-In</u> | <input type="checkbox"/> Change of Plans<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Non-Routine Fracturing<br><input type="checkbox"/> Water Shut-Off<br><input type="checkbox"/> Conversion to Injection<br><input type="checkbox"/> Dispose Water |
|---|---|

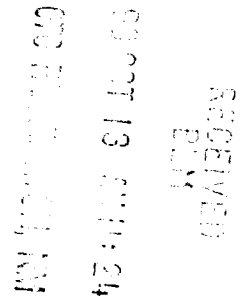
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13. 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.)\*

We would like to request long term shut-in status for this well.



THIS APPROVAL EXPIRES OCT 14 1994



SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

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

Signed Pete Leach Title Operator Date 10/8/93

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

**APPROVED**

**DISTRICT MANAGER**

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.

\*See Instruction on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT  
FARMINGTON DISTRICT OFFICE  
1235 LA PLATA HIGHWAY  
FARMINGTON, NEW MEXICO 87401

CONDITIONS OF APPROVAL:

This Shut-In approval is contingent upon conducting a ~~casing integrity test and a~~ production verification test by JAN 31 1994.

Mark Kelly with the Farmington Office is to be notified at least 48 hours prior to conducting the tests. (505-599-8907)

If the casing test fails, you will be required to submit your plans to repair the casing or plug and abandon the well.

Office Hours: 7:45 a.m. to 4:30 p.m.