

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>14-20-603-2034</b>								
2. Name of Operator <b>Hart Oil and Gas Inc.</b>		6. If Indian, Allottee or Tribe Name <b>Navajo Tribal</b>								
3a. Address <b>P.O. Box 307 - Farmington, N. M. 87499</b>	3b. Phone No. (include area code) <b>(505) 326-1163</b>	7. If Unit or CA/Agreement, Name and/or No.								
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1330' FNL &amp; 2630' FWL</b> <table border="1"><tr><td>TWP/LAT</td><td>RGE/LON</td><td>SEC</td><td>QTR</td></tr><tr><td>31N</td><td>17W</td><td>4</td><td>SENW</td></tr></table>		TWP/LAT	RGE/LON	SEC	QTR	31N	17W	4	SENW	8. Well Name and No. <b>Navajo TI "F" #158</b>
TWP/LAT	RGE/LON	SEC	QTR							
31N	17W	4	SENW							
		9. API Well No. <b>300452577100S1</b>								
		10. Field and Pool, or Exploratory Area <b>Horseshoe Gallup</b>								
		11. County or Parish, State <b>San Juan, N. M.</b>								

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

We plan on plugging this well by placing cement from the top of the perfs to 100' above the top of the Gallup with some extra cement for shrinkage. We will come back and tag to make sure cement is at least 100' above the top of the Gallup. We will then perforate at 136 feet which is 50' below the surface casing and circulate cement and fill the production casing and annulus to 50' below the bottom of the surface casing. We will let the cement dry and if necessary, add to top off at surface and will then install a dry hole marker.

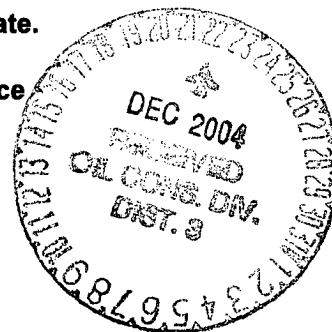
surface casing: 8-5/8", 24#, @ 86'

production casing: 5-1/2", 15.5#, @ 1111.5'

No perforations. Open Hole Completion TD @ 1148'.

waiting approval

We will plug this well as soon as equipment and manpower are available.



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Laura McClintock

Title

VICE-PRESIDENT

Signature

Date

12/1/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_  
Original Signed: Stephen Mason  
Conditions of approval: \_\_\_\_\_  
I certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

DEC 21 2004

Office

NMOC