Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

5 Lease Serial No.

Do not use to abandoned w	6. If Indian, Allottee or Tribe Name Navajo Tribal			
1. Type of Well		uctions on reverse side	7. If Unit or CA/Agreement, Name and/or No.	
Oil Well Gas Well 2. Name of Operator Hart Oil and Gas Inc.	8. Well Name and No. Navajo Ti "F" #134			
3a. Address	9. API Well No. 300451096100S1			
P.O. Box 307 - Farmin 4. Location of Well (Footage, Se	T 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(505) 326-1163	10. Field and Pool, or Exploratory Area Horseshoe Gallup	
1980' FNL & 1980' FWL <u>TWP/LAT</u> <u>RGE/LON</u> 31N 17W	SEC QTR 9 SENW		11. County of Parish, State San Juan, N. M.	
12. CHECK A	PPROPRIATE BOX(ES) T	O INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION		
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Production (Some Production (Some Production Production Recomplete Plug and Abandon Plug Back Water Dispose	Well Integrity Other Abandon	
If the proposal is to deepen dir Attach the Bond under which following completion of the in testing has been completed. I determined that the site is read; We plan on plugging to above the top of the G back and tag to make We will then perforate cement and fill the pro	rectionally or recomplete horizont the work will be deformed or prival to the work will be deformed or prival to the operation. If the operation in all the operation in all the operation in a large tion.) This well by placing centions with some extra call the with some extra call the cement is at least at 94 feet which is 50 oduction casing and an ill let the cement dry an	ally, give subsurface locations and measured and ovide the Bond No. on file with BLM/BIA. Recommendation or recompletion of recompletion.	ulate che	
surface casing: 7 9 production casing: 5	5/8", 24# @ 44' ", 19.5# @ 1053'	SEE ATTACHED FOR		

1014' - 1021'

perforations:

14: I hereby certify that the Name (Printed/Types	the foregoing is the			WCI A	·				
	M. Saied		+	Title	VICE-PRESI	DENT			
Signature //	June	W	Saired	Date	10/3/03				
		THE	SPACE FOR FEDER	XL OR	SIATEOFFICEUSFICE				
Approved by	Original Sign	ed: Steph	en Mason		Title	Date	OCT	1 5 2003	
Conditions of approval, i	if any, are attached holds legal or of	d. Approval	of this notice does not warr to those rights in the subject	ant or	Office				

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

CONDITIONS OF APPROVAL