

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RCVD MAR 4 '08  
OIL CONS. DIV.

FORM APPH DIST. 3  
OMB No 1004-0137  
Expires March 31, 2007

**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  
☐ Oil Well ☒ Gas Well ☐ Other

2 Name of Operator  
Chevron Midcontinent L P

3a Address  
P.O. Box 36366  
Houston, TX 77236

3b Phone No. (include area code)  
281-561-4859

FEB 21 2008

4 Location of Well (Footage, Sec., T, R, M, or Survey Description)

1740' 965'  
FSL FWL Sec. 19 T27N R11W

5 Lease Serial No  
I-149-IND-9101

6 If Indian, Allottee, or Tribe Name  
Navajo Allotment

7 If Unit or CA Agreement Name and/or No  
N/A

8 Well Name and No  
Navajo Tribe AA #3

9 API Well No  
30-045-34083

10 Field and Pool, or Exploratory Area  
Basin Dakota

11 County or Parish, State  
San Juan County New Mexico

12. CHECK APPROPRIATE BOX(S) 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"/> Altering 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	Change of Operator
	<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 or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Chevron Midcontinent respectfully requests that the operator on this well be changed to Four Star Oil & Gas. When the well was permitted, it was mistakenly filed under Chevron Midcontinent L.P. Please change the operator on all paperwork to be Four Star Oil & Gas.

ACCEPTED FOR RECORD

FEB 27 2008

FARMINGTON FIELD OFFICE  
BY CM

14 I hereby certify that the foregoing is true and correct

Name (Printed/ Typed)

Pamela Rainey

Title

Regulatory Specialist

Signature

*Pamela Rainey*

Date

2/20/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or 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 18 USC Section 1001 AND Title 43 USC Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCD

*File online w/ NMOCD*