

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NOG 8612-1101	
2. NAME OF OPERATOR Black Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Allottee, Navajo	
3. ADDRESS OF OPERATOR P.O. Box 537, farmington, New Mexico 87401		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 950 FSL & 910 FWL		8. FARM OR LEASE NAME SALAZAR NAVAJO CITO	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6145 GR		10. FIELD AND POOL, OR WILDCAT Nose Rock, Hospah Ext	
		11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec. 10, T20N, R12W	
		12. COUNTY OR PARISH McKinley	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) RESTORATION, DRY HOLE MARKER <input checked="" type="checkbox"/>		(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.)*

A PERMANENT DRY HOLE MARKER HAS BEEN CEMENTED IN THE WELL BORE. THE PITS HAVE BEEN FILLED IN AND THE LOCATION LEVELED. WE WILL SEED ALL DISTURBED AREA'S WITH BIA SEED MIX NO.6 PER YOUR INSTRUCTIONS AFTER JULY 1,1988.

pt A 5-1-88
RECEIVED
JUN 13 1988
OIL CORP. DIV.

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

SIGNED <u>[Signature]</u>	TITLE President	ACCEPTED FOR RECORD	DATE June 15, 1988
(This space for Federal or State office use)		JUN 27 1988	
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

OPERATOR