

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection well		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2033
2. NAME OF OPERATOR Marmac Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR 2120 S. Holly, Suite 207; Denver, Colo. 80222		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 660' FSL & 660' FWL		8. FARM OR LEASE NAME Navajo Tribe of Indians "G"
14. PERMIT NO.		9. WELL NO. 204
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5259 GL		10. FIELD AND POOL, OR WILDCAT Horseshoe Gullup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-31N-17W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	X <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.)\*

Request an additional 30 days to determine if we wish to repair the well or to propose plans to plug and abandon. We are requesting this extension because we have assumed operations as of the 1st of September and have not had sufficient time to evaluate the records.

THIS APPROVAL EXPIRES NOV 31 1988

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Edward J. DeJong</u> (This space for Federal or State office use)	TITLE <u>Production Supervisor</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE <u>NMOCC</u>

DATE 9/28/88

OCT 04 1988

DATE

\*See Instructions on Reverse Side