Form 3160-5 (August 1999)

## **UNITED STATES**

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

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| BOREAU OF LAIND MANAGEMENT   |                                  |   |              |  |   | 5. Lease Serial No.         |                   |  |
|--|----------------------------------|---|--------------|--|---|-----------------------------|-------------------|--|
| 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. |                                  |   |              |  | 14-20-603-2033 6. If Indian, Allottee or Tribe Name Navajo Tribal |                             |                   |  |
|  |                                  |   |              |  |   |                             |                   | The Company of the Co |
|  |                                  | structions of                           |              |  | 7. II OM  | it or CA/Agreement, N       | ame ano/or No.    |  |
| 1. Type of Well Gas Well Other   |                                  |   |              |  |   | Name and No.                |                   |  |
| 2. Name of Operator Hart Oil and Gas Inc.  |                                  |   |              |  | 8. Well Name and No. Navajo TI "G" #203                           |                             |                   |  |
| 3a. Address 3b. Phone No. (include area code)  |                                  |   |              |  | 9. API Well No.<br>300451090700S1                                 |                             |                   |  |
| P.O. Box 307 - Farmin  | 326-1163                         | <u>26-1163</u>                          |              | 10. Field and Pool, or Exploratory Area Horseshoe Gallup |   |                             |                   |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FWL   |                                  |   |              |  |   | 11. County or Parish, State |                   |  |
| TWP/LAT RGE/LON SEC QTR  |                                  |   |              |  |   | an Juan, N. M.              |                   |  |
| 31N 17W 11 NESW  |                                  |   |              |  |   |                             |                   |  |
| 12. CHECK AI   | PPROPRIATE BOX(ES)               | TO INDICAT                              | É NATURE (   | OF NOTICE, RE  | PORT, C   | OR OTHER DAT                | A                 |  |
| TYPE OF SUBMISSION   | ٠.                               |   | ТУРЕ (       | OF ACTION  |   |                             |                   |  |
| ./   | Acidize                          | Deepen                                  |              | Production (Start/I                                      | oduction (Start/Resume)   |                             | Water Shut-Off    |  |
| Notice of Intent   | Alter Casing                     | Fracture                                | Treat        | Reclamation  |   | Well Integrity              | •                 |  |
| Subsequent Report  | Casing Repair                    | New Co                                  | nstruction 🔲 | Recomplete   |   | Other Con                   | WEST              |  |
| oucquom report   | Change Plans                     | Plug and                                | Abandon 🔲    | Temporarily Aban   | don   | From I                      | NJECTOF           |  |
| ☐ Final Abandonment Notice   | Convert to Injection             | Plug Bac                                | ck 🛄         | Water Disposal   |   | TO Pro                      | odvear            |  |
| Will convert from inje   | ctor to producer by 0            | 1/31/01.                                | Con a March  | DEC 2000<br>RECEIVED<br>OIL CON. DIV<br>DIST. 3          | 7343  |                             |                   |  |
| 14. I hereby certify that the foregoing  | ng is true and correct           |   |              | 401111102  | <del> </del>  |                             |                   |  |
| Name (Printed/Typed) Andrew B.   | Saied "                          |   | Title        | PRES   | IDENT   |                             |                   |  |
| Signature A  | enb. In                          |   | Date         | 12/1   | 5/00  |                             |                   |  |
| 4 4  | THIS SPAC                        | E FOR FEDER                             | ALIORISTAT   | E OFFICE USE   |   |                             |                   |  |
| Approved by  |                                  |   | Title        |  |   | Date 12/2.                  | 2/00              |  |
| Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to  | al or equitable title to those i | otice does not wa<br>ights in the subje | rrant or     | ,  | <u> </u>  |                             | <del></del>       |  |
| * 1  |                                  |   |              |  |   | - department or age         | now of the United |  |