

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-603-2033</u>	
2. NAME OF OPERATOR <u>Marine Petroleum Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo Tribal</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 186 Ft. Lupton, Colo. 80621</u>		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 <u>720' FNL + 710' FEL</u>		8. FARM OR LEASE NAME <u>Navajo Tribe of Indians (D)</u>	
14. PERMIT NO.		9. WELL NO. <u>D 207</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5313 LR</u>		10. FIELD AND POOL, OR WILDCAT <u>Wassukhoe Gallup</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>12-31 N-17W</u>	
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH <u>San Juan</u>	
TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐ WATER SHUT-OFF ☐ REPAIRING WELL ☐		13. STATE <u>N.M.</u>	
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐ FRACTURE TREATMENT ☐ ALTERING CASING ☐			
SHOOT OR ACIDIZE ☐ ABANDON* ☐ SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐			
REPAIR WELL ☐ CHANGE PLANE ☐ (Other) ☐ (Other) <u>Temporarily abandon</u> ☒			
		(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.) *

I would like till July 1, 1993 to test + evaluate this well for oil production

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

SIGNED

John Martin

TITLE

Operator

DATE

10-20-92

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

OCT 27 1992

AREA MANAGER

*See Instructions on Reverse Side

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