

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>I to POW</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-603-2034</u>
2. NAME OF OPERATOR <u>Mar Mac Pet Co</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NAVAJO</u>
3. ADDRESS OF OPERATOR <u>Hart Oil &amp; Gas Inc</u>		7. UNIT AGREEMENT NAME <u>NAVAJO - "F"</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>Drawer 1480 Cortez Co 81321</u> <u>1980 FSL &amp; 660 FWL</u> <u>Sec 4 T31N, R17W</u>		8. FARM OR LEASE NAME <u>NAVAJO - "F"</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5277 GL</u>	9. WELL NO. <u>F-103</u>
		10. FIELD AND POOL, OR WILDCAT <u>Horseshoe Gallup</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 4 T31N R17W</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>N.M.</u>

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) <u>converted to POW</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.)\*

This well was converted from a water injection well to a producing oil well on 2/1/96

070 WASHINGTON, NM  
FEB -5 PM 1:17  
RECEIVED  
BIRMINGHAM ROUTE

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

SIGNED James F. Stoesky TITLE operator DATE 2-1-96

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
FEB 07 1996

\*See Instructions on Reverse Side

NA/OC

FARMINGTON DISTRICT OFFICE  
BY NT