

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. WELL TYPE ☒ OIL WELL ☐ GAS WELL ☐ OTHER	2. NAME OF OPERATOR <i>McMurry Petroleum Co.</i>	3. ADDRESS OF OPERATOR <i>P.O. Box 186 Ft. Lupton, Colo. 80621</i>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1200' FNL + 1410' FEL</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>14-26-603-2034</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Navajo Tribal</i>	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME <i>Navajo Tribe of Indians (F)</i>	9. WELL NO. <i>F 148</i>	10. FIELD AND POOL, OR WILDCAT <i>Horseshoe Valley</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>9-31N-17W</i>	12. COUNTY OR PARISH <i>San Juan</i>	13. STATE <i>N.M.</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>5221 DR</i>											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

OTHER

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

*See Instructions on Reverse Side

MEACOD

OCT 27 1992

AREA MANAGER