UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2034

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

91 FEB -4 PM 1:57

019 FARMINGTON, N.M.

1.
OIL WELL [XX]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Marmac Petroleum Company

8. FARM OR LEASE NAME

Navajo Tribe of Indians "F"

3. ADDRESS OF OPERATOR

2120 South Holly Suite 207, Denver, CO 80222

9. WELL NO.

158

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1330' FNL & 2630' FWL

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4-31N-17W

14. PERMIT NO.

15 ELEVATIONS (Show whether DF, RT, GR, etc.)

5305' GL

12. COUNTY OR PARISH | 13. STATE

San Juan | N.M.

16.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) ___ Return to Production [XX]	
(Other)			

(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 is to notify you of return of this well to Production on 1/7/91.

Cancel intent to abandon

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

SIGNED _Edward J. De Jong_   TITLE Production Supervisor   DATE 2/1/91

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Smr

*See Instructions on Reverse Side