

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 ☐

2. NAME OF OPERATOR  
ROMO CORPORATION

3. ADDRESS OF OPERATOR  
P. O. BOX 1785, FARMINGTON, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1046 FNL; 1072 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6065 DF

RECEIVED

DEC 12 1986

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
I-149-IND-8469

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NAVAJO INDIAN

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
NAVAJO INDIAN 'C'

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
SOUTH BLANCO PICTURED CLIFFS

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
SEC. 31, T27N R8W, N.M.P.M.

12. COUNTY OR PARISH  
SAN JUAN

13. STATE  
NEW MEXICO

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

WE RECEIVED APPROVAL ON 01/09/86 TO PLUG AND ABANDON THIS WELL. WE HAVE RE-WORKED THE WELL AND NOW WISH TO CANCEL THE PLANS TO PLUG AND ABANDON THE WELL.

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

SIGNED Kenneth E. Reddy TITLE PRESIDENT

DATE 12/11/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE 12/11/86

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side