

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. I-89-Ind - 57
2. NAME OF OPERATOR John Staver		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo tribal
3. ADDRESS OF OPERATOR %Pohlmann & Assoc, Room 200 Petroleum Plaza, Farmington, NM 87401		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 2440' FNL & 2330' FWL sec 3		8. FARM OR LEASE NAME Table Mesa
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether depth or elevation) 5341 GL		10. FIELD AND POOL, OR WILDCAT Table Mesa Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T27N, R17W
12. COUNTY OR PARISH San Juan		13. STATE NM

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

NOTICE OF INTENTION TO:

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 type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

Plugged and Abandoned as follows:

1. Spot 15 Sks plug from TD 1361' to 1250' to cover Dakota Perfs 1358-1360.
2. Spot 10 sk plug from 450 to 550'.
3. Spot 5 sk plug from 50' to surface.
4. Cleaned and leveled location.

DEC 01 1986

CR. CON. DIV.
DIST. 3

Approved by the Director of the well bore.
Liability under the Federal Oil Pollution Act of 1990
surface restoration is required.

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

SIGNED

TITLE Agent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 11-20-86

DATE NOV 21 1986

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC