

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

*SUBMIT IN TRIPLICATE*

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
**Northstar Oil and Gas Corp.**

3. Address and Telephone No.

**P.O. Box 93, Farmington, NM 87499 (505) 327-5754**

4. Location of Well (Footage, Sec., T. R., M., or Survey Description)

**1850' FNL & 1850 FEL  
Section 7, T27N, R13W NMPM**

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

**NM 14973**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Dome Fed. 7-27-13 #3**

9. API Well No.

**30-045-24047**

10. Field and Pool, or Exploratory Area

**WAW Fruitland Sand-P.C.**

11. County or Parish, State

**San Juan Co., NM**

**12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
  
☐ Subsequent Report  
  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment                                  | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Recompletion                                 | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Plugging Back                                | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair                                | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing                              | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other <b>Return to production</b> | <input type="checkbox"/> Dispose Water           |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)

Per our previous correspondence, this well has been scheduled to be returned to production by December 1, 2000.

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

Signed

*John L. Carter*

Title **President**

Date

**August 31, 2000**

(This space for Federal or State office use)

Approved by

Title

Date

**9/5/00**

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOC