

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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.

5. Lease Designation and Serial No.

8:43 AM 7/1/97 NM 4877A SF-076557

6. If Indian, Alottee or Tribe Name

NAVAJO

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
FOUR STAR OIL AND GAS COMPANY

3. Address and Telephone No. 3300 N. Butler Ave., Suit Farmington NM 87401 325-4397

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

Unit Letter N : 945 Feet From The SOUTH Line and 1595 Feet From The

WEST Line Section 15 Township T27N Range R09W

8. Well Name and Number

MARSHALL A

8

9. API Well No.

3004528725

10. Field and Pool, Exploratory Area  
BASIN FRUITLAND COAL (GAS)

11. County or Parish, State

SAN JUAN, 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

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ OTHER: RESTORE PRODUCTION
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)

FOUR STAR OIL & GAS CO. INTENDS TO RESTORE THE SUBJECT WELL TO PRODUCING, BY SETTING A PUMP ON THE WELL. THIS PUMP WILL BE SET BY JUNE 1, 1997.

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

SIGNATURE *Ted A. Tipton*

TITLE Operating Unit Manager

DATE 4/29/97

TYPE OR PRINT NAME Ted A. Tipton

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Title 18 U.S.C. Section 100\*, 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.

NMCCD