

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO 1-89-IND-58
2. NAME OF OPERATOR W.C. Imb % JAMES M. RICHARDSON		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO Tribal
3. ADDRESS OF OPERATOR P.O. 22010 ALBUQUERQUE, N.M. 87145		7. UNIT AGREEMENT NAME NAVAJO 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SEC. 18T-29N, R-16W, N.M.P.M. SAN JUAN COUNTY, N.M.		8. FARM OR LEASE NAME IMBT NAVAJO
14. PERMIT NO.		9. WELL NO. #10
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. FIELD AND POOL, OR WILDCAT HOGBACK-DAKOTA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 1815-S, 2475-E
		12. COUNTY OR PARISH SAN JUAN
		13. STATE N.MEX.

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) T.A.		(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.)*

Request well remain TA for one year

RECEIVED
SEP 02 1988
CONV. DIV.
DIST. 3

THIS APPROVAL EXPIRES SEP 01 1989

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

SIGNED [Signature] TITLE OPERATOR DATE 8/25/88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side