

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

I-89-IND-58

DRY NOTICES AND REPORTS ON WELLS

NAVAJO *Tribe*

OIL WELL GAS WELL OTHER DRY HOLE

2. NAME OF OPERATOR
TIFFANY GAS COMPANY

8. FORM OR ISSUE NAME
USG SECTION 19

3. ADDRESS OF OPERATOR
P.O. DRAWER 3307, FARMINGTON, NM 87499

9. WELL NO.
50

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also page 17 below.)
At Surface

10. FIELD AND TOWNSHIP, OR COUNTY
Hogback Dakota

1450' FNL & 1600' FWL

11. FEDERAL WELL LOG FILE NO.
12. STATE WELL LOG FILE NO.

Sec. 19, T29N, R16W

15. ELEVATIONS (SHOW WHETHER SURF. OR SUB.)
5000' GR

12. COUNTY (SEE INSTRUCTIONS) AND STATE
San Juan NM

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

NOTICE OF INTENTION TO:

EXPECTED RESULT OF:

TEST WATER SHUT-OFF
FRACURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
FULL OR ALDER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. HAS THIS WELL BEEN COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pertinent work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/28/89

- 1) Abandoned well by pumping 59 FT³ (50 sx) Class "B" Cement down 4½", 10.5# Casing set @ 630' w/87 sx (Circulated).
- 2) Abandonment procedure witnessed by Mark Philliber of the Farmington BLM Office.
- 3) Job complete @ 1600 hours.

RECEIVED
SEP 03 1989
OIL CON. DIV.
DIST. 3

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

APPROVED
DATE 8/29/89
Ken Townsend
FOR SUPERVISOR
BUREAU OF LAND MANAGEMENT

SIGNED *Jim Hicks* TITLE Agent/Tiffany Gas Company DATE 8/29/89
Jim Hicks
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side