

**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 TRIPPLICATE

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

5. Lease Designation and Serial No.
NM 077284

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation
Northeast Hogback Unit
14-08-001-6674

8. Well Name and No.
Northeast Hogback Unit #37

9. API Well No.
30-045-09655

10. Field and Pool, or Exploratory Area
Horseshoe Gallup

11. County or Parish, State
San Juan, New Mexico

1. Type of Well
 Oil Well Gas Well Other Water Injection

2. Name of Operator
Giant Exploration & Production Company

3. Address and Telephone No.
P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
P-10-30N-16W

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<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 MIT Testing	<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 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.)*

Performed an MIT to 302 psi for 15 minutes on 04/30/96. Pressure held. Test was witnessed by Ernest Cardona of the NMOCD. Resumed routine injection operations.

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

Signed Gregory E. McIntosh Title Senior Area Engineer Date MAY 09 1996

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORDS

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 manner within its jurisdiction.

*See Instruction on Reverse Side

MAY 21 1996

FARMINGTON DISTRICT OFFICE
BY _____

NMOCD