

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	Contractor: A-Plus Well Service, Inc.	54 SEP - 1 PM 1:51	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8492
2. NAME OF OPERATOR Westgas	3107 Bloomfield Highway P.O. Box 1979 Farmington, NM 87499		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR Farmington, NM 87499			7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FNL & 980' FEL Section 14-T30N-R18W			8. FARM OR LEASE NAME Shiprock
			9. WELL NO. #3
			10. FIELD AND POOL, OR WILDCAT
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-T30N-R18W
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.)		12. COUNTY OR PARISH San Juan
			13. STATE NM

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			
(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.)\*

This well was plugged and abandoned 8-23-94.

8-22-94

Rig up A-Plus Well Service cementing equipment. Installed cementing valves and pumped 3 bbls water down casing.

Plug #1: Mix and pumped 22 sxs Class B cement down 2-7/8" casing. Shut in well with 150# psi. WOC overnight.

8-23-94

Opened up well; no pressure. Cut wellhead off 5' below surface. Had good cement at surface between 5-1/2" and 2-7/8" casing annulus and inside 2-7/8" casing. Weld on P&amp;A marker (underground plate). Backfill pit and clean up location. Move off location.

Steve Mason and Kevin Schneider w/BLM witnessed operations.

A-Plus Well Service Inc. BLM Contract 1422-6-910-C4-2005

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

SIGNED William F. Mason TITLE President DATE 8-31-94

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

SEP 6 1994

NMOC

FARMINGTON DISTRICT OFFICE  
BY smh