

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 58898

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 5

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Gallup, Verde

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 5, T30N, R15 W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

American Petrofina Company of Texas

3. ADDRESS OF OPERATOR

1625 Broadway, Suite 1600, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

2300' FSL and 1920' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5380' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of liner size.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

APD (Original)

Revised

3-1/2", 9.2 #/ft. Liner

4-1/2", 10.5 #/ft Liner

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

SIGNED

*Arlie D. Miller*

TITLE Arlie D. Miller, Agent

DATE

11/20/84

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NOV 29 1984

DATE

*Robert J. Miller*  
For

\*See Instructions on Reverse Side