Farm 9-331	UNITE	D STATES	SUBMIT IN TRIPL	Rudge	approved. rt Burrau No. 42-R1424.
(May 1963)		OF THE INTERIO	R verse side)	14-20-6	03-2034
		SICAL SURVEY	1.345116	6. IF INDIAN, A	ALLOTTEE OR TRIBE NAME
SU (Do not use t	INDRY NOTICES A  bis form for proposals to drift  use "APPLICATION FO	ND REPORIS OF Il or to deepen or plug bac' R PERMIT—" for such prop	t to a different reservoir	. Navajo	Tribal
1.				7. UNIT AGREE	MENT NAME
MEAT MET			•		<u>†2:                                    </u>
2. NAME OF OPERATOR	TROLEUM, INC			8. FARN OR LE	<del></del>
ADDRESS OF OPERA	TOR			Navajo I	<u>ribe of Indi</u> ar
999 - 18	Sth Street, #13			li i	63
4. LOCATION OF WELL See also space 17	(Report location clearly and below.)	in accordance with at St.	te requirements.	10. FIELD AND	POOL, OR WILDCAT
At surface			NOV 0 9 1983	11. SEC., T., R., SURVEY	OF Gallup , M., OR BLK. AND OR ARBA
1310' FN	IL & 2600' F.JL	- BUREA	AU OF LAND MANAG <u>INGTON RESOURCE</u>	EMENT	T3-1N-R17W
14. PERMIT NO.	15. ELEY	VATIONS (Show whether DF, K	r, Cit, etc.)	12. COUNTY OF	.≣Ra
		52	230' GR	I San_Jua	n New Mexico
16.	Check Appropriat	e Box To Indicate Nat	ure of Notice, Repo	rt, or Other Data 📱	
	NOTICE OF INTENTION TO:	.1		SUBSEQUENT REPORT OF	
TEST WATER SHO	T-OFF PELL OR A	LTER CASING	WATER SHUT-OFF	REP	AIRING WELL
FRACTORE TREAT	NULTIPLE	COMPLETE	PRACTURE TREATME!	`` <del>-</del>	ERING CASING
SHOOT OR ACIDIZE	i— 1		SHOOTING OR ACIDIZ		NDONMENTO - Y
BEPAIR WELL	CHANGE PI	ANS	(Norg: Repor	t results of multiple com	pletion on Well
(Other)	OR COMPLETED OPERATIONS ( If well is directionally drill	Clearly state all pertinent	letalls and give pertine	Recompletion Report and nt dates, including estima	sted date of starting any
CURRENTL	Y WAITING ON FRAC				
					•
				<b>:</b>	
					,
				<u> </u>	
		•			
					•
18. I hereby cornly t	the foregoine is true and		noowing Tooknis		11 2 83
SIGNED	mu one	TITLE ETYI	neering Technic	ACCEPTED FOR	DF0000
(This space for F	ederal or State office use)			TOUCH ILD TUR	<u>עררחאה</u>
APPROVED BY		TITLE		NOVD1TE	1002=
CONDITIONS OF	APPROVAL, IF ANY:				
				FARMINGIUN KESU	BRUE ARFA

\*See Instructions on Reverse Side

BY SMM