

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
14-20-600-3540
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR
A.P.A. Development Inc.

3. ADDRESS OF OPERATOR
Box 215 Cortez CO. 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements.
See also space 17 below.)
At surface
1980' FNL + 1980' FWL

Sec 35 T32N R17W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

7. UNIT AGREEMENT NAME
Navajo

8. FARM OR LEASE NAME

Navajo "P"

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Many Rocks Gallup

11. SEC., T., R., M., OR BLE. AND SURVEY OF AREA

35. T32N R17W

12. COUNTY OR PARISH 13. STATE

San Juan NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACURE TREAT ☐

MULTIPLE COMPLETE ☐

SHUT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) WIW

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other)

(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.)

Plan to condition well back to active water injection.

RECEIVED

MAR 27 1992

OIL CON. DIV.
DIST. 3

019 FARMINGTON, N.M.

92 MAR 17 PM 1:55

RECEIVED
BLM

THIS APPROVAL EXPIRES APR 01 1993

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

SIGNED Pat Woolley

TITLE

DATE 3/13/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR 26 1992

AREA MANAGER

*See Instructions on Reverse Side

NMOOD

FOR THE YEAR 1977

1977

1977