Form 3160-5
(June 1990)

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 TRIPLICATE

5. Lease Designation and Serial No
14-20-603-5013

6. If Indian, Allottee or Tribe Name
Navajo

7. If Unit or CA. Agreement Designation

1. Type of Well
[X] Oil Well   [ ] Gas Well   [ ] Other

2. Name of Operator
A.P.A. Development, Inc.

3. Address and Telephone No.
P.O. Box 215, Cortez, CO 81321   (303)565-2458

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1720' FNL & 1750' FEL   Sec. 34, T32N R17W

8. Well Name and No.
Navajo M #11

9. API Well No.
30045112020 0S1

10. Field and Pool, or Exploratory Area
Many Rocks Gallup

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[ ] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Long Term Shut-In	[ ] 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 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.)*

We would like to request long term shut-in status for this well.

RECEIVED
OCT 20 1993
OIL CON. DIV.
DIST. 3

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

THIS APPROVAL EXPIRES   OCT 18 1994

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

Signed _Pat Wooley_   Title Operator   Date 10/8/93

(This space for Federal or State office use)

Approved by _____   Title _____   Date APPROVED
Conditions of approval, if any: OCT 18 1993

                                                DISTRICT MANAGER

*See Instruction on Reverse Side