5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	14-20-603-5012
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	Navajo "A"
	9. WELL NO.
2. NAME OF OPERATOR	#6 10. FIELD OR WILDCAT NAME
A.P.A. Development Inc.  3. ADDRESS OF OPERATOR	Many Rocks Gallup
P.O. Box 215, Cortez, CO 81321	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA NE'zSW'z Sec.27 T32N R17W
below.) AT SURFACE: 1980' FSL & 1980' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15 51514710112 (01)
no only on other one	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	· · · · · · · · · · · · · · · · · · ·
ABANDON* [] [] (other) Extension request	
	<u> </u>
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen</li> </ol>	irectionally drilled give subsurface locations and
Request extension to remain shut-in due to lo	
casing integrity test within 120 days. Will prior to conducting test.	contact your office 48 hours
S S	
Figure 1990 Bloom	
SEP 0 4 19 <b>9</b> 0	mo we was
MI PALL	
OIL CON. D	MV • # 중심 : 등 - 등급 - 출수 등급 : - :
DIST. 3	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Patrice Workley TITLE Operator	DATE 7-30-90
(This space for Federal or State offic	
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY	DATE

\*See Instructions on Reverse Side

APPROVED

AUG 3 0 1990

FOR AREA MANAGER