

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
A.P.A. Development Inc.
3. ADDRESS OF OPERATOR
P.O. 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
Sec. 28 330' FEL & 1980' FSL

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-5012
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
Navajo
8. FARM OR LEASE NAME
Navajo
9. WELL NO.
#12
10. FIELD AND POOL, OR WILDCAT
Many Rocks Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28 T2N R17W
12. COUNTY OR PARISH
San Juan
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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) ☒ X
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
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.)

Our plans for the subject well are to leave it shut in until it is economically feasible to put the water flood back on. Request long term shut-in.

RECEIVED

MAY 1 9 1989

OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES MAY 01 1990

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

SIGNED Patricia S. Woolley

TITLE Pres. A.P.A. Development

DATE 5/1/89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 12 1989

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side