Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

	BUREAU OF LAND MA	ANAGEMENT	€		Expires November 30, 2000	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				ł	5. Lease Serial No. 14-20-603-584 6. If Indian, Allottee or Tribe Name	
				1		
GIBWT WE		T 1885 (A) pagas magazos	Kirikana kana 1920 ani katan		o Tribal	
SUSMITIN	RIPLICATE - Other ins	structions on rev	erse side	7. If Unit o	r CA/Agreement, Name and/or No.	
1. Type of Well	<u> Bos a fabricopolity i strad – duklej</u>			100 J		
Oil Well Gas Well	Other			8. Well Na	nu and Na	
2. Name of Operator					Navajo #007 9. API Well No.	
Hart Oil and Gas Inc.				9. API Wel		
3b. Phone No. (include area code)				30045	300451137200S1	
P.O. Box 307 - Farmington, N. M. 87499 (505) 326-1163 Location of Well (Footage, Sec., T., R., M., or Survey Description)			63	10. Field and	Pool, or Exploratory Area	
2310' FNL & 330' FWL	A, E, K., M., Or Survey Descrip	ption)			Gallup	
• • • • • • • • • • • • • • • • • • • •	TWP/LAT RGE/LON SEC QTR				11. County or Parish, State San Juan, N. M.	
32N 18W	24 SWNW			Jano	uuii, iv. iii.	
12. CHECK AI	PPROPRIATE BOX(ES)	TO INDICATE NA	TIRE OF NOTICE	DEPORT OR	OTUDD DATA	
]	10 110101111111		KELOKI, OK	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
\(\frac{1}{4}\)	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Constructi	on Recomplete		Other	
The reliant 41 and a control of	Change Plans	Plug and Abanc	on 🔲 Temporarily /	Abundon		
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water Disposa	đ		
Rig delay due to Field resulting in total paraly This water injection we If injection is not succewith the current pre-ap	Superintendent being ysis of his body. ell will resume injections sell will the well well well well well well well we	g in serious auto	accident	2001 2001	en completed, and the operator has	
74. Thereby certify that the foregoin Name (Printed/Typed) Gina M. Said		Title	VIC	E-PRESIDEN	T	
Signature (r M. Sar	ed Date		/19/01		
1	THIS SPACE	FOR FEDERAL O	STATE OFFICE US			
Approved by		the state and th	Title	Date		
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to o	I or equitable title to those rig	tice does not warrant or ghts in the subject lease	Office			

This 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.