

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0133
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. 17 660' FSL & 1980' FWL

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-585
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo AA
9. WELL NO.
#9
10. FIELD AND POOL, OR WILDCAT
N. Many Rocks Gallup
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 17 T. 33N. R. 19W.
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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other):	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other):	<input type="checkbox"/>		

(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 is to leave it shut in until economics make it commercially productive and to pressure test the casing.

RECEIVED

MAY 17 1989

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES MAY 01 1990

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

SIGNED Patricia B. Woolly

TITLE Pres. A.P.A. Development

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 5/1/89

DATE MAY 12 1989

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side