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
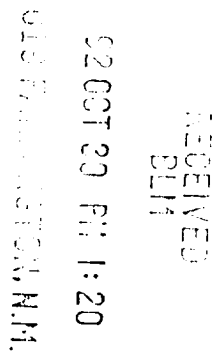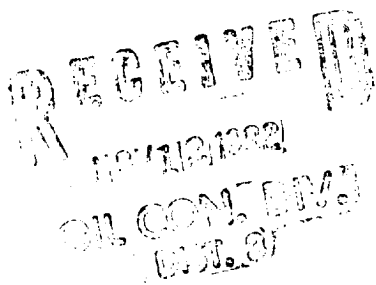
SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
14-20-603-585

6. If Indian, Allottee or Tribe Name
Navajo AA

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)
660' FSL & 1980' FWL,   Sec. 17 T32N R17W

8. Well Name and No.
9

9. API Well No.
3004511142500S1

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

11. County or Parish, State
San Juan, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] 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 _____	[ ] Dispose Water

(Note. Report results of multiple completion on Well Completion or Recompletion Report and 1 of 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)*

Plan to continue long term shut-in due to economic conditions.
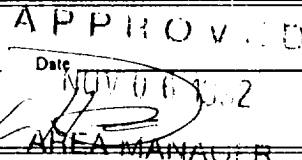
THIS APPROVAL EXPIRES   SEP 0 1 1993

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

Signed _____   Title _Operator_   Date 10/15/92

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

APPROVED
NOV 0 ... 2
AREA MANAGER

*See Instruction on Reverse Side