

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well 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. See space 17 below.)
AT SURFACE: 943' FSL & 840' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Request to cancel P & A

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED
131 1990
OIL CON. DIV.
DIST. 3

5. LEASE
14-20-603-585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo "AA"

9. WELL NO.
#8

10. FIELD OR WILDCAT NAME

North Many Rocks Lower Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SW 1/4 Sec. 17 T32N R17W

12. COUNTY OR PARISH San Juan
13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5498' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Plan to cancel the previous P & A request on this well and proceed within the next 60 days to perform a casing integrity test for a long term shut-in status. Will contact your office 48 hours prior to conducting test.

THIS APPROVED

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Pat W. Wooley TITLE Operator DATE 7-30-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: