

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: 1720' FSL & 460' 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:

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

SUBSEQUENT REPORT OF:

RECEIVED  
AUG 21 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.  
#7

10. FIELD OR WILDCAT NAME

North Many Rocks Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NW $\frac{1}{4}$ SW $\frac{1}{4}$  Sec. 17 T32N R17W

12. COUNTY OR PARISH 13. STATE  
San Juan NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5615 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 90 days to perform a casing integrity test for a long term shut-in status. Will contact your office 48 hours prior to conducting test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Patricia Woolley TITLE Operator DATE 7-30-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Ken Towerson  
FOR  
FARM