

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 51 AUG 27 AM 10 | | 7. UNIT AGREEMENT NAME | 52 |
| 2. NAME OF OPERATOR | | 018 FARMINGTON | | 8. FARM OR LEASE NAME | Navajo AA |
| 3. ADDRESS OF OPERATOR | | | | 9. WELL NO. | #4 |
| P.O. Box 215, Cortez, CO 81321 | | | | 10. FIELD AND POOL, OR WILDCAT | North Many Rocks |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | Sec. 17 T32N R17W |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 12. COUNTY OR PARISH | 13. STATE |
| | | | | San Juan | NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Casing integrity test

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.)*

Pressure tested casing to 1000 psi, held 10 minutes, on April 8, 1990.

RECEIVED
AUG 30 1991
OIL CON. DIV./
DIST. 3

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

SIGNED

Pat W. [Signature]

TITLE

Operator

DATE

8/26/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NNC02

*See Instructions on Reverse Side