

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Project Bureau No. 1-1-1
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

A. PA DEVELOPMENT

3. ADDRESS OF OPERATOR

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

360' FSL & 2310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-5012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NAVAJO

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Many Rocks (Gallup)

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

SEC 27 T. 32 N. R. 17 W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

N.M.

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

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANT ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE LICENSED 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 (T.A.)

RECEIVED

MAR 27 1992

OIL CON. DIV
DIST. 3

019 HARTFORD, N.M.

92 MAR 18 PM 2:31

RECEIVED
BLM

THIS APPROVAL EXPIRES APR 01 1993

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

SIGNED

Pat Wooten

TITLE

DATE

3/13/92

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

MAR 25 1992

CONDITIONS OF APPROVAL, IF ANY:

or AREA MANAGER

*See Instructions on Reverse Side

NMOCD