

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"/>                                                                                                                                                                                                                                                                                                        |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>14-20-603-5012                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. NAME OF OPERATOR<br>A.P.A. DEVELOPMENT                                                                                                                                                                                                                                                                                                                                                                               |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>NAVAJO                                                                                                                                                                                                                                                                                                                                                                                        |
| 3. ADDRESS OF OPERATOR<br>Box 215 CORTEZ CO 81321                                                                                                                                                                                                                                                                                                                                                                       |  | 7. UNIT AGREEMENT NAME                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>410' FSL & 2225' FWL                                                                                                                                                                                                                                                         |  | 8. FARM OR LEASE NAME<br>NAVAJO *                                                                                                                                                                                                                                                                                                                                                                                                     |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. WELL NO.<br># 15                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                          |  | 10. FIELD AND POOL, OR WILDCAT<br>MANY ROCKS (Gallup)                                                                                                                                                                                                                                                                                                                                                                                 |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                                                                                                                           |  | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>SEC 27 T. 32N. R. 17W                                                                                                                                                                                                                                                                                                                                                             |
| NOTICE OF INTENTION TO:<br>TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/><br>FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/><br>SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/><br>REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>(Other) <input checked="" type="checkbox"/> |  | SUBSEQUENT REPORT OF:<br>WATER SHUT-OFF <input type="checkbox"/> REPAIRING WELL <input type="checkbox"/><br>FRACTURE TREATMENT <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>SHOOTING OR ACIDIZING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/><br>(Other) <input type="checkbox"/><br>(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.<br>PLAN to put BACK on Production.                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |

RECEIVED  
MAR 27 1992  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
92 MAR 18 PM 2:31  
019 FARMINGTON, N.M.

APPROVAL EXPIRES APR 01 1993

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

SIGNED Rat Wootley

TITLE

DATE

3/13/92  
**APPROVED**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 25 1992

CONDITIONS OF APPROVAL, IF ANY:

AREA MANAGER

\*See Instructions on Reverse Side