

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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. 14-20-603-5013
2. NAME OF OPERATOR A.P.A. Development Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR Box 215 Cortez CO. 81321	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSH 330' FWL Sec 33 T32N R17W	8. FARM OR LEASE NAME Navajo "M"
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT Many Rocks GAH.
	11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec 33 T32N R17W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Produce

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 put well back on production. by August 92.

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

RECEIVED
BLM
92 MAR 17 PM 1:57
019 FARMINGTON, N.M.

THIS APPROVAL EXPIRES SEP 01 1992

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

SIGNED <u>Pat Woolley</u>	TITLE _____	DATE <u>3/13/92</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED

MAR 26 1992

AREA MANAGER

*See Instructions on Reverse Side