Form 3160-5	ļ	UNI D STAT	ΓES	SUBMIT IN TR	IPI TE HAMI	Form approved. Budget Bureaus Expires August 3	No. 1004-013 1, 1985	5 C	
(November 1983) (Formerly 9-331)		MENT OF TH		OR (Other Instructi		ASEDESIGNATION AND NICE NAME OF THE PROPERTY O	DSERVL NO.		
SII	BUREAL	JOF LAND MAN	AGEMENT	ON WELLS A	L DO WEE	NDWN ALLOTTEE OR	TRIBE NAME		
(Do not use th	is form for prope Use "APPLIC	osals to drill or to de ATION FOR PERMIT-	epen or plug ba -" for such pro	ON WELLS of ck to a different posals.)	30° 7.U	IT ACREEMENT NAME			
MET LYTH MET I		NE TOTAL DE LA CONTRACTION DEL CONTRACTION DE LA							
2. NAME OF OPERATOR	IC.	Jan January Commencer Comm		8. FARM OR LEASE NAME GOVERNMENT S					
3. ADDRESS OF OPERATOR		9.W	8 METT NO						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					.'9 ⁴	OLD MILLMAN RANCH SPRINGS 11. SEC, T, R, M, OR BLK AND			
510 FNL 1980 FEL NW-NE \ O C. ARTESIA. C						SURMEYORAREA SEC 3 T20S R28E			
14. PERMIT NO.		15. ELEVATIONS (Show	wheter DF, RT, GR		12.0	COUNTY OR PARISH	13.STATE		
30015281180	0801			3290	E	DDY	NM		
6 Check Appropriate Box To Indicate Nature of Notices, Report, or						Other Data			
TESTWATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIRWELL (Other) 17. DESCRIBE PROPOSE	MU AB	LLORALTER CASING LTPLE COMPLETE NADON* ANGEPLANS		(Note: Réj Completio	ZING SET CASING port results of mul on or Recompletion	tiple completion on n Report and Log fo	CASING MENT*		
proposed work. nent to this work.) MIRU MDC RIG #: H-40 CASING & S PLUG DOWN @ 0 RIH W/ 1° & TAG (2' FILL OF GRAVE AHEAD. BLM API	2, SPUDDED ET @ 403'. I 945hrs CDT @ 100', WAS IL BETWENN	M&P 500sx CL C 9/22/94, DID NO H DOWN TO 110 STAGES, CIRC	CMT W/ 2% T CIRCULAT D'. M&P 5009 25sx CMT T	CACL2 + 1/4#/sz ED CEMENT, WC SX CL C CMT W/ : O PIT. CUT OFF	x CELLOFLAM C. RIH W/ TE 3% CACL2 IN CSG, WELD ((E, DISPLACE) EMP SVY - TOC 5 STAGES, DU DN WH, NU BO	N/ FW, C @ 200'. JMPING 1 1 P, DRILL	го	
						AREA I	Oct 13 11 a	RECEIVE	
					2 1994 N		25 M 794	ED	
18. I hereby certify that the	oregoing is true and	соптест	DE	SIII ATORV ANAI	VST	10/19	/94	_	
SIGNED JULY STEEL REGULATORY ANALYST						_ DATE	,, , , , , , , , , , , , , , , , , , , ,	_	
(This space for Federal APPROVED BY _	or State office use)		тптье			DATE			