Form 3160-5	Uť ED:	STATES au	BMIT IN TRIP \TE•	Form approved. Budget Bureau No. 1004-0135
(November 1983) (Formerly 9-331)		THE INTERIOR YES	than Indonesialan	
	BUREAU OF LAN	D MANAGEMENT = 0 =	EVED	NM 67980
SUN (Do not use this	IDRY NOTICES AND form for proposals to drill or use "APPLICATION FOR PI	D REPORTS ON W to deepen or plug back to a ERMIT—" for such proposals.)	ELLS different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		नाहर है ।	37 mil 33	7. UNIT AGREEMENT NAME
WELL X WELL. 2. NAME OF OPERATOR	OTHER		+ 3 <del></del>	8. FARM OR LEASE NAME
RAY WESTALL	$\checkmark$	AREA		SANTA FE FEDERAL
3. ADDRESS OF OPERATO	R			9. WBLL NO.
P.O. BOX 4  LOCATION OF WELL ( See also space 17 be At surface	LOCO HILLS, Report location clearly and in (low.)	NM 88255 accordance with any State req	ulrements.*	10. FIELD AND POOL, OR WILDCAT
UNIT LETTER	O: 820' FROM THE SECTION 35 TOWNSHI	SOUTH LINE & 1650' P 22S RANGE 28E E	FROM THE CDDY COUNTY, NM	E HERRADURA BEND DEL.  II. SBC., T., E., M., OR BLK. AND  SURVEY OR ARMA
14. PERMIT NO.	15. ELEVATIV	ONS (Show whether DF, RT, OR, e	lc.)	SECTION 35 T22S R28E
•••		3088 GL		EDDY NM
16.	Check Appropriate [	Box To Indicate Nature o	f Notice, Report, or (	Other Data
	• • • • • • • • • • • • • • • • • • • •			UBNT REPORT OF:
TEST WATER SHUT- FRACTURE TREAT SHOOT OR ACIDIZE	DOFF PULL OR ALTER MULTIPLE COM ABANDON*	IPLETE F	RACTURE TREATMENT HOOTING OR ACIDIZING	ALTERING CARING  ABANDONMENT®
HEPATR WELL	CHANGE PLANS	·    (	Other) (Norm: Report result	s of multiple completion on Well
(Other)	OR COMPLETED OPERATIONS (Cler	orly state all pertinent details	Completion or Recomp	pletion Report and Log form.) Including estimated date of starting any
proposed work. I nent to this work.	f well is directionally drilled,	give subsurface locations and	measured and true vertic	cal depths for all markers and gones perti-
	UEEZE PERFS 5957-6			
	RF 6053-6062  ACID ID 2500 GAL 71/2%	-		
	UEEZE 6053-6062 W/		į	PR 2 ( 199)
	ILLED OUT PERFED ID 1000 GAL 10%	6129-6279 W/15 BUI	LETS	5 15 15 15 15 15 15 15 15 15 15 15 15 15
	AC W/ 18,000 GAL 2	% KCL 47,000# 16/	'30 SND	The form of
07 /00 /00	NG WELL BACK ON PR			
			•	
			A6	
			7 <b>199</b> 3	
			1 1000	
18. I hereby certify the	t the foregoing is true and co	rrect		
SIGNED	uner Warden	TITLE PRODI	JCTION CLERK	DATE 03/11/93
(This space for Fed	leral or State office use)			
APPROVED BY	APPROVAL, IF ANY:	TITLE		DATR

\*See Instructions on Reverse Side