,				Form approved.
Form 3160-5 (November 1983) (Formerly 9-331)	UNITED DEPARTMENT O	STATES F THE INTERI	SUBMIT IN TRIPLICATE (Other instructions on reverse side)	
• • • • • • • • • • • • • • • • • • •			IVISION DECEMEN	14-20-603-2034
(Do not use this	IDRY NOTICES AN	NEPORTS COPERMIT—" for such pr	ON WELL'SMAIL ROOM ack to a different reservoir. Opposite 12 APR 10 PM 12:	6. IF INDIAN, ALLOTTEE OR TRIBE NAME OC. NAUA O Tribal 7. UNIT AGREEMENT NAME
OIL CAS WELL NAME OF OPERATOR	OTHER	- A C	070 FARMINGTON, 1	8. FARM OR LEASE NAME NAVASO ===
. ADDRESS OF OPERATO		1 0	<i>a</i>	9. WBLL NO.
LOCATION OF WELL (1) See also space 17 bel At surface	Report location clearly and in	tez Co, accordance with any !	81321 State requirements.*	10. FIELD AND POOL, OR WILDCAT
	NL-1980	FWL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		(0)		Sec 10 T31 N, R 17W 12. COUNTY OR PARISH 13. STATE
4. PERMIT NO		62 PF	RT, GR, etc.)	San JUAN NM
6.			ature of Notice, Report, or	
	NOTICE OF INTENTION TO:	pox to indicate 14	, , ,	QUENT REPORT OF:
TEST WATER SHUT-O		UR CLEIVO	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE CO. ABANDON* CHANGE PLAN	MPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report resul	ALTERING CASING ABANDONMENT* ts of multiple completion on Well apletion Report and Log form.)
7. DESCRIBE PROPOSED OF	well is directionally drilled,	arly state all pertinent give subsurface locati	details, and give pertinent date	es, including estimated date of starting any ical depths for all markers and zones perti-
Plan	to plug &		this well	as follows
/. E	r before egualize eross pro	4-30- a ceme duction	nt plug from zone t 100	om 990'to 870' above
Z . F	oump inhi	bited	fluid from	1 870 to 50'
3.1	Equalize	cemen.	t plug from	m 50 to surfac
•	•		ate loca	tion derect
	P & A ma	VKer.	1	
				Deceived
			-	APR 1 5 1996
/)			(dil Con. Div.
SIGNED CONTRACT	the foregoing) is frue and con	rrect		DISTI. 3, 196
(This space for Feder	ral or State office use)	1		
APPROVED BY		TITLE		A PATH - ALLE

*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY:

APR 12 1996 DISTRICT MANAGER

NMOCD