| ,                                                               |                                                                                                                              | /                                             |                                          | Form approved.                               | No. 1004-0135         |  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------|--|
| Form 3160-5<br>(November 1983)                                  | UNITED S                                                                                                                     | TATES                                         | SUBMIT IN TRIPLICAT                      | Expires August                               | 31, 1985              |  |
| (Formerly 9-331)                                                | DEPARTMENT OF                                                                                                                | THE INTERIC                                   | R verse side)                            | G. LEASE DESIGNATION                         | AND SERIAL NO.        |  |
| BUREAU OF LAND MANAGEMENT                                       |                                                                                                                              |                                               |                                          | NM 7774                                      |                       |  |
| 011) 11                                                         |                                                                                                                              |                                               | NI WELL C                                | 6. IF INDIAN, ALLOTTE                        | SKAK BEIST SO S       |  |
| SUNI                                                            | DRY NOTICES AND                                                                                                              | REPURIS Q                                     | to a different reservoir.                |                                              |                       |  |
| (1)0 not the tola i                                             | orm for proposals to drill or t<br>Use "APPLICATION FOR PEF                                                                  | MIT— for such pro                             | posals.)                                 |                                              |                       |  |
| i                                                               |                                                                                                                              | U <b>U</b>                                    | 10 20 FM 1: 14                           | 7. UNIT AGRESSENT NA                         | TNE                   |  |
| WELL X WELL                                                     | OTHER                                                                                                                        |                                               | 4.50.5.                                  | 8. FARM OR LEASE WAL                         |                       |  |
| 2. HAMB OF OPERATOR FARMINGTON, NEW MEXICO                      |                                                                                                                              |                                               |                                          | 1                                            | 45                    |  |
| Basin Fuels, Ltd.                                               |                                                                                                                              |                                               |                                          | McCollum  9. WHILE NO.                       |                       |  |
| 3. ADDRESS OF OFERATOR                                          |                                                                                                                              |                                               |                                          | 1                                            |                       |  |
| P.O. Box 50,                                                    | Farmington, NM 8                                                                                                             | 7499                                          |                                          | 10. FIELD AND POOL, O                        | MILDCAT               |  |
| 4. LOCATION OF WELL (Re See also space 17 belo                  | port location clearly and in ac                                                                                              |                                               | ake Mesa Verde                           |                                              |                       |  |
| At surface                                                      |                                                                                                                              |                                               |                                          | 11. 89C., T., B., W., OR                     |                       |  |
| 660' FSL 660                                                    | ' FEL                                                                                                                        | BURYRY OR ARMA                                | l                                        |                                              |                       |  |
|                                                                 |                                                                                                                              |                                               |                                          | Sec. 12, T20                                 | N, R6W, NMPM          |  |
| 14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.) |                                                                                                                              |                                               |                                          | 12. COUNTY OR PARISE                         | 18. STATE             |  |
| 4. PERMIT NO. 15. REPVATIONS (Show whether DY, RI, OK, etc.)    |                                                                                                                              |                                               | McKinley                                 | NM .                                         |                       |  |
|                                                                 |                                                                                                                              |                                               |                                          |                                              |                       |  |
| 16.                                                             | Check Appropriate Bo                                                                                                         | x To Indicate No                              | ture of Notice, Report, o                | r Other Data                                 |                       |  |
| •                                                               | OTICE OF INTENTION TO:                                                                                                       | 1                                             |                                          | SEQUENT REPORT OF:                           |                       |  |
| n'                                                              | []                                                                                                                           | r                                             |                                          | BEPAIRING                                    | WELL                  |  |
| TEST WATER SHUT-OF                                              | <del></del>                                                                                                                  | 1                                             | WATER SHUT-OFF                           | ALTERING C                                   | [—]                   |  |
| PRACTURE TREAT                                                  | MULTIPLE COMP                                                                                                                | .ETE                                          | PRACTURE TREATMENT                       | ABANDONME                                    |                       |  |
| emont of aritis                                                 | ABANDON*                                                                                                                     |                                               | BROOTING OR ACIDIZING Well Stat          | لــــا                                       |                       |  |
| LICENT WELL                                                     | (Other)  CHANGE PLANS  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                               |                                          |                                              |                       |  |
| (Other)                                                         | COMPLETED OFERATIONS (Clent) well is directionally drilled, gi                                                               |                                               | Completion or Reco                       | ten including estimated da                   | te of starting aug    |  |
| this well at<br>of oil per o<br>to construct                    | mission to place the current oil price day. Substantial of gas pipeline to opproximately 4½ mi                               | es: i.e. \$12<br>gas reserves<br>Gas Co. of N | .75 per bbl. Well<br>behind pipe 2236'   | -2250 but cannot                             | afford                |  |
| Casing in we                                                    | ell is sound and no                                                                                                          | o contaminat:                                 | ion of other forma                       | tions is contemp                             | lated.                |  |
|                                                                 |                                                                                                                              |                                               |                                          | IN.                                          | CO 6 1988             |  |
| •                                                               |                                                                                                                              |                                               |                                          | _                                            |                       |  |
| ·                                                               | TH                                                                                                                           | IIS <b>AP</b> PROVAI                          | EXPIRES DEC                              |                                              | CON. DIV.)<br>DIST. 3 |  |
|                                                                 |                                                                                                                              | `                                             |                                          | garage and accommodate to the control of the | 4 A 4 1               |  |
| ~ /                                                             | /                                                                                                                            | 1                                             |                                          | ADDE                                         |                       |  |
|                                                                 |                                                                                                                              | /                                             |                                          | 324                                          | <u> </u>              |  |
| RIGNED XIV                                                      | the foregoing is true and corr                                                                                               |                                               | wner                                     | DATB11/                                      | 22/88                 |  |
|                                                                 | al or State office use)                                                                                                      |                                               | e, 14                                    | DEC 01                                       | . 1988                |  |
| frais share son y enci                                          |                                                                                                                              |                                               |                                          | DATE                                         |                       |  |
| APPROVED BYCONDITIONS OF AP                                     | 15                                                                                                                           | *See Instructions                             | on Reverse Side                          | anes of the                                  | ward J.               |  |
|                                                                 |                                                                                                                              | हर <b>क के ह</b>                              | e en | - F<br>n in ann Demonstrate er 9             | nener of the          |  |