| Form 3160-5 November 1983) Formerly 9-331) | UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MA | E INTERIOR | SUBMIT IN TRIPLICAT (Other instructions on verse side) | Expires August 5. LEASE DESIGNATION NM-081208 | No. 1004-0135 t 31, 1985 T AND SERIAL NO. |
|--|--|--|---|---|---|
| SUN (Do not use this | IDRY NOTICES AND RE form for proposals to drill or to de Ume "APPLICATION FOR PERMIT | EPORTS ON epen or plug back to | WELLS o a different reservoir. is. RECEIVED | 6. IP INDIAN, ALLOTTE | |
| OIL GAS WELL WELL 2. HAMB OF OPERATOR | il Company | | JAN 02 1986 | South Hospa | |
| P. O. BOX 4. LOCATION OF WELL (Bee also space 17 bei At surface | 3249, Englewood, CO Report location clearly and in accorda | OOT33 EV | REAU OF LAND MANAGES RMINGTON RESOURCE A requirements.* | J. WELL BO. MEAT 17 10. FIELD AND POOL, C S. HOSPAH U 11. EBC., T., R., M., OR SURVEY OR AREA | pper Sand |
| 220 FNL, 3000' | | how whether DF, ST, Q | B, etc.) | Sec. 12, T1 12. COUPTY OF PARISI | 7N R9W H 18. STATE NM |
| 16. | Check Appropriate Box To | Indicate Natur | | r Other Data | (,,,, |
| TEST WATER SEUT-C PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL | PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON® CHANGE PLANE | (G | WATER BHUT-OFF FRACTURE TREATMENT BHOOTING OR ACIDIZING (Other) | ALTERING O | CABING |
| ment to this work.) | R COMPLETED OPERATIONS (Clearly state well is directionally drilled, give state with the state of the state o | | Completion or Reco ails, and give pertinent da and measured and true ver | | orm.) ite of starting any rs and sones perti- |
| and SN on 5 mins. Load hole "G" RBP. 2-3/8" tb | 2-3/8" tbg to 1502' k Held o.k RIH w/rod o w/lease wtr. PT csg Release same and TOOH g. Circ corrosion inh 00#'s tension. NUWH. | (B. Set Mode overshot on to to 600 psi I. RIH w/red nibitor dn B | el "G" RBP. P T sandline. Latch for 5 mins. Hel dressed Lokset p S. NDBOP. Set | tbg to 2000 psi onto SV and TOO d o.k. Latch or okr and SN on 48 Lokset pkr 0 150 | for OH w/same. nto Model jts O7' |
| | | | | OIL CON. D. DIST. 3 | |

| 18. I bereby certify that the foregoing is true and correct | | Senior | Regulatory | Analyst | n 12 | 124 | 1/85 |
|---|---------|--------|------------|---------|----------|-----|--------|
| SIGNED | TITLE 2 | | <u> </u> | | | | |
| (This space for Federal or State office ase) | | | | | ACCEPTED | FOR | RECORD |
| APPROVED BY | TITLE _ | | | | DATE | | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | FÉB | 001 | 986 |

TARMINGTON RESOURCE AREA