			SUBMIT IN TRIPLICATE.	Form approved. Budget Bureau No. 1004-0135	
Form 3160-5 November 1983)	UNIT	TED STATES	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.		
Formerly 9–331)				NM-05-2931	
	BUREAU OF	LAND MANAGEMENT	I WELLS.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNI	DRY NOTICES	AND REPORTS ON	to a different reservoir.		
SINDRY NOTICES AND REPORTS SINDRY NOTICES AND REPORTS On not use interior proposals to drill or to deepen or plug back to a different reservoir. (Do not use interior proposals to drill or to deepen or plug back to a different reservoir. (Do not use interior proposals to drill or to deepen or plug back to a different reservoir. (Do not use interior proposals to drill or to deepen or plug back to a different reservoir.				7. UNIT AGREEMENT NAME	
1.	_	•	To 44 APPAFA		
OIL GAS WELL OTHER 2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
American Exploration Co.				Hanson 9. Well No.	
3. ADDRESS OF OPERATOR				16	
P. O. Box 1885 Eunice, NM 8823± 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (ALPHANA) See also space 17 below.) At surface				Hospah (Dakota) 11. SBC., T., R., M., OR RLE. AND	
_				SURVEY OR AREA	
630' FSL & 2060' FWL				Sec. 06, T-17N, R-8W	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PARISH 13. STATE	
12. 120000		6884' GL		McRaweg	
16.	Other Data				
NOTICE OF INTENTION TO:				UBNT REPORT OF.	
TEST WATER SHUT-OF	" A	DER THE CENTURE IT	WATER SHUT-OFF	REPAIRING WELL ALTERING CASING	
FRACTURE TREAT	X 4#K	PLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDON MENT*	
SHOOT OR ACIDIZE	A(A, V)	CE ARR 3 0 1990		s of multiple completion on Well	
REPAIR WELL (Other)	7		Completion or Recomp	netion Report and Dog 10-1	
helow a	r to comply i	DIST. 3	•	ntegrity please find sintent contingent	
440014 1/6	uin annnavac.				
, t	1 '+	per and tubing to sary, POH with tub	PBTD @ 2638'KB. (F ing.	Perfs @ 2496'-2511')	
			t packer @ 2400', lo grity to 500 psig bo	oad tubing/casing or 15 minutes.	
annuli	us with wite	., xear coords	w it tubing 176	not locate problem	
and to	onast.		H with tubing. (If		
*Sand	frac Dakota 1		via $3\frac{1}{2}$ " casing. (C		
*Pump	test and rep	ort results.	HIS APPROVAL EXPIR	ES DEC 22 1990	
				The second secon	
		and correct		APPROVED	
18. I hereby certify the	at the foregoing is tr	TITLE Reg	ional Superintenden	t DATE 4/18/90	
(This space for Fe	ederal or State office	use)		APR 2 6 1990	
APPROVED BY _		TITLE			
CONDITIONS OF APPROVAL, IF ANY:				Ken Townsend	

*See Instructions on Reverse Side