| Form 3160-5 (November 1983) #Formerly (2013) | UNITED STATES DEPARTMENT OF THE INTER | SUBMIT IN TRIPLICATION (Other lastructions on i | 5 LEASE DESIGNATION AND BERIAL NO. |
|---|--|--|---|
| | | and the second s | M_53926 |
| | D.O. NOTICES AND REPORTS from for proposition to deepen or plus the tapped cation for permit for such | OTH ABELD FROM to A different reserve in Impossio | A CONTRACTOR OF |
| wa X Neme the others is a | • • • | / | N. FARM OR LEASE NAME |
| | l & Gas Corporation | | Corrales |
| P. O. BOX 8 4. 10CATION OF WELL (R See also space 17 belo | 840, Farmington, New Mexico & eport location clearly and in accordance with an | 37499 r State requirements.* | 2 10. FIELD AND POOL, OR WILDCAT |
| 4.6 | 465' FSL and 2300' FWL | | WC Mesaverde 11. Sec., T., R., M., OR BLK. AND SURVEY OR AREA |
| RECEIVE | FD | | Soc 2 m20N DCM |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether o | F, RT, GR, etc.) | Sec. 3, T20N, R6W 12, COUNTY OR PARISH! 13, STATE |
| JAN 1 5 19 | <u>86 6901' GL, 6909' k</u> | KB | McKinley Co., New Mexico |
| 16. | Check Appropriate Box To Indicate I | Nature of Notice, Report, or | Other Data |
| BUREAU OF LAND MAN | GAEMENTATENTION TO: | SUBSI | QUENT REPORT OF: |
| FARMINGTON RESOUR | | WATER SHUT-OFF | REPAIRING WELL |
| FRACTUBE TREAT | MULTIPLE COMPLETE | FRACTUBE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| REPAIR WELL | CHANGE PLANS | (Other) Spud, Sur | |
| (Other) | | Completion or Recom | ts of multiple completion on Well apletion Report and Log form.) |
| Spud 1/13/8 | | nt details, and give pertinent date | es, including estimated date or starting any ical depths for all markers and zones perti- |
| 90 sx Class Circulated | es 8-5/8", 23 #/ft, J-55 surfa B, 2% CaCl2. (106.2 cu. ft. 3 Bbls cement to surface. est casing to 600 PSI for 30 m |) | . Set casing with |
| | | | • |
| | | | JAN2 4 1986 OIL COM. DIV. |
| 1, | 10 | | DIST. 3 |

Operations Manager

SIGNED

TITLE Operations Manager

(This source ic: Federal or State office use)

ADPROVED FY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

PAGENTICAL MACA

*See Instructions on Neverse Stac

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