| (This space for Federal or State office use) APPROVED B7 CONDITIONS OF APPROVAL IF ANY: | TITLE DATE FARMMANDIN RESOURCE AREA | | |
|--|--|------------|--|
| (This space for Federal or State office use) | 00 T 1 1989 | | |
| | TITLE PRODUCTION SUPERINTENDENT COLLEGE PREPARED | شار و س | |
| 18. I hereby certify that the foregoing is true and correct | PROPULETON SUPERINTENACTIVE FOR DEFINACED | 27, 1989 | |
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| | The second of th | | |
| The control of the co | | | |
| : | | | |
| 3. WELL NO. CHANGED FROM RINCON N | NO. 5-Y TO MARCUS A24. | | |
| 2. FARM OR LEASE NAME CHANGED FRO | OM RINCON TO MARCUS. | | |
| *1. NAME OF OPERATOR CHANGED FROM HOLCOMB OIL AND GAS, P.O. BOX | 2058, FARMINGTON, NEW MEXICO 87499. | | |
| nent to this work.) * | JACK A. COLE TO BANNON ENERGY INCORPORATED c/o | - | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly St. | X * (NOTE: Report results of metallic completion of Recompletion Report and Log form.) tate all pertinent details, and give pertinent dates, including estimated date of st subsurface locations and measured and true vertical depths for all markers and | arring any | |
| SHOOT OB ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS | SHOOTING OR ACIDIZING ABANDONMENT* (Other) (Note: Report results of multiple completion on We | | |
| TEST WATER SHUT-OFF PULL OR ALTER CASI FRACTURE TREAT MULTIPLE COMPLETE | E FRACTURE TREATMENT ALTERING CASING | | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | |
| | To Indicate Nature of Notice, Report, or Other Data | | |
| 14. PERMIT NO. 15. ELEVATIONS (S | Show whether DF, RT, GR. etc.) 1 GR RIO ARRIBA NEW | MEXICO | |
| · | NE¼ NE¼ SEC. 5-T23N-R6W | | |
| See also space 17 below.) At surface 740' FNL, 730' FEL | COUNSELORS GALLUP 11. SEC., T., R., M., OR BLK. AN SURVEY OR AREA | | |
| P. O. BOX 2058, FARMINGTON, NEW MEX 4. LOCATION OF WELL (Report location clearly and in accord | | CAT | |
| BANNON ENERGY INCORPORATED, c/o HOL- 3. ADDRESS OF OPERATOR | 9. WELL NO. | | |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAME | | |
| OIL GAS OTHER | 7. UNIT AGREEMENT NAME | | |
| SUNDRY NOTICES AND RI (Do not use this form for proposals to drill or to de Use "APPLICATION FOR PERMIT | copen or plug back to a different reservoir. | | |
| BUREAU OF LAND MA | 6. IF INDIAN, ALLOTTEE OR TH | BE NAME | |
| (November 1983) (Formerly 9–331) DEPARTMENT OF TH | | | |
| Form 3160-5 UNITED STA | TFS SUBMIT IN TRIPLICATE Budget Bureau No. 10 | | |

*See instructions on Reverse Side