Form 3160-5 (November 1983)	UNITED STA	TES	SUBMIT IN TRIPLICA		Dureau No. 1004-0135 August 31, 1985
(Formerly 9-331)	DEPARTMENT OF TH	E INTERIOR	(Other instructions of verse side)	5. LEASE DESI	GNATION AND BURLAL NO.
	BUREAU OF LAND MA	NAGEMENT		NM-2444	_
SUI	NDRY NOTICES AND R	EPORTS ON	WELLS	6. IF INDIAN,	ALLOTTER OR TRIBE NAME
	is form for proposals to drill or to de Use "APPLICATION FOR PERMIT			N/A	,
1.	OF ALLBOATON ON LONG.		TULLETVE	7. UNIT AGRE	VENT HAME
OIL GAS WELL	OTHER		1114		
2. NAME OF OPERATOR			JUN 1 1 1986	N/A 8. PARM OR LI	IASE HAME
	s Oil Producer, Inc.	B UR!	Allor	Penista	ia 11
3. ADDRESS OF OPERATO		FARI	AU OF LAND MANAGE MINGTON RESOURCE A	9. WELL NO.	
115 Inverness	s Drive East, Englewood			RFA	
See also space 17 be At surface	Report location clearly and in according.)	ance with any State	requirements.*	10. FIELD AND	POOL, OR WILDCAT
500	750' FEL (NE NE) Secti	ion 11 m20m r	A for	Rio Pu	erco Mancos
	730 FEL (NE NE) Secti	ION 11-12UN-1	₹ 4 W	SURVEY	OR ARMA
				NE NE	11 201 241
14. PERMIT NO.	15. BLEVATIONS (S	how whether DF, RT, GE	, etc.)	12. COUNTY OF	11-T20N-R4W R PARISE 18. STATE
	6949' GR			Sandov	al NM
16.	Check Appropriate Box To	Indicate Nature	of Notice Pages		
	NOTICE OF INTENTION TO:	s maicale 14gigie			_
			30 1	BESQUENT REPORT OF	:
TEST WATER SHUT-		40	WATER SEUT-OFF	2.87	PAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE		PRACTURE TREATMENT		BRING CASING
REPAIR WELL	ABANDON* CHANGE PLANS		SHOOTING OR ACIDIZING	ABA	.NDONENT*
	st to temporarily SI we	-1 XX	(Norm: Report re	esuits of multiple con completion Report and	pietion on Well
the Peni	lliams Oil Producer, Inc. 1 staja 11, #1 well for an in is marginal well uneconon	idefinate time	period. Current		
	uest is being done under t oil wells on Federal and I		spension of prod	luction require	ments for
The Peni BOPD.	istaja 11, #1 produces fro	m the Gallup	formation. Prod	uction average	d about 1
undevelo for temp	he fact that there are remoted hydrocarbond potentionary shut in status for the nt recoverable hydrocarbonary.	ial, a tempora his well would	ry shut in period	is requested.	Approval
			This Approval Ci Abandonnuck Cap	Timporary 6-	24-57
18. I nereby certify that	the foregoing is true and correct		-		
SIGNED W D	Mary Mary	TITLE Operati	ons Manager	DATE _	6/9/86
·	eral or State office use)		m Fresh	V E IM	OVED
A BREATAN AS			K - L	W MER	OVED
CONDITIONS OF A	PPROVAL, IF ANT:	TITLE	11110 - 101		ENDED
SEE ATTAC	HED FOR		JUN25 198	20 MD 1	

"See Instructions on Reverse Signature of Section 1001, makes it a crime for any person knowing and willfully to make to any department or assence the United States any false, fictitious or fraudulent statements or representations as to any matter within its ANDAIC MANAGER the

SEE ATTACHED FOR CONSITIONS OF APPROVAL