Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM \PPROVED				
Budget Bure	u No.	1004-0135		
Expires:	larch	31, 1993		
Lease Designation	o and	Serial No.		

	Expires:	4stcp	31, 19	73
Lease	Designation	un and	Scriet	No.
NIMAI	M 227	22		

•	LAND MANAGEMENT	5. Lease Designation and Serial No. NMNM 23733
Do not use this form for proposals to dr	AND REPORTS ON WELLS Communication or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals of Alburgan	6. If Indian, Allottee or Tribe Name
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well		
Oil Gas Other		8. Well Name and No.
2. Name of Operator		San Isidro 3-16
Energy Development Corporation	on	9. API Well No.
3. Address and Telephone No.		30-043-20734-00S1 10. Field and Pool, or Exploratory Area
1000 Louisiana, Ste. 2900, Ho	ouston, Tx 77002 (913) 950 9563	-
4. Location of Well (Footage, Sec., T., R., M., or Survey D	• •	Rio Puerco Mancos 11. County or Parish, State
66 FSL & 66 FEL, Section 3	-T20N-R3W	11. County of Faring Seas
•		Sandoval
12. CHECK APPROPRIATE BOX((s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Pians
	Recompletion	New Construction
XX Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	kx Other Well Test	_ U Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recom; letion Report and Log form.)
13. Describe Proposed or Completed Operations (Clearly state a	all pertinent details, and give pertinent dates, including estimated date of starting depths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
give severinger received and measures and tree		• • • • • • • • • • • • • • • • • • •
NMOCOD Gas-Oil Ratio Test		
Date of Test: 4-29-93		
Tbg. Press: 20	.•	
Hours on test: 24		was to the SPR SPR
BBLS-Water: 1	D E G	
BBLS-0il: 4		
MCF-Gas: 4	U \	4 1000
0il Grav.: 40.0	JUL]	4 1993
GOR (cut ft/bb1): 1000	O11 O1	
Status: Pumping		ON. DIV.
1 47	\ Di	ST. 3

4. I hereby certify that the foregoing is true and correct Signed	Two Supervisor, Prod. Accounting	Date5-26-93
(This space for Federal of State office use) ONDY	Acting AREA MANAGER	JUL 1 3 1993
Approved by		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any departm... or agency of the United States any false, fictitious or fraudulent statements or representations as so any matter within its jurisdiction.