Form 3160-5 (November 1983)	UNITED DEPARTMENT OF	STATES THE INTERIOR	SUBMIT IN TRIPLICATE® (Other instructions on reverse side)	Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
(Formerly 9-331)	BUREAU OF LAN		•	SF-080500
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
				7. UNIT AGREEMENT NAME
1. OIL GAS				1. 0.1.1
WELL WELL  2. NAME OF OPERATOR	X OTHER			8. FARM OR LEASE NAME
Z, NZRB OF OIBBLIOE	Texaco Inc.			Anderson "A"
8. ADDRESS OF OPERATO				9. WHIL NO.
	P. O. Box EE	Cortez, Co.	81321	
4. LOCATION OF WELL ( See also space 17 be At surface	Report location clearly and in (ow.)	accordance with any State	RECEIVED	S. Blanco Picture Cliffs  11. SHC., T., R., M., OR BLK. AND BURYEI OR ARMA
990	' FNL 1650' FEL		AUG 20 1986	Sec. 25, T24N, R2W
14. PERMIT NO.		ONS (Show whether DF, RT,	OR, etc.)	12. COUNTY OR PARISH 18. STATE
	7481	DF FARM	INGTON RESOURCE AREA	Rio Arriba New Mexico
16.	Check Appropriate B	ox To Indicate Natu	re of Notice, Report, or	Other Data
·				QUENT REPORT OF:
		CARING	WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-	MULTIPLE COM	11	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON®		SHOOTING OR ACIDIZING	ABANDONMENT <sup>®</sup>
REPAIR WELL	CHANGE PLANS		(Other)	e of multiple completion on Well
(Other) Reque	est Extended SI	Status	Completion or Recom	is of multiple completion on Well pletion Report and Log form.) s, including estimated date of starting any cal depths for all markers and sones perti-
on the	ne Anderson "A" in paying quanti be shut-in inde tion the purchas rder to restrict se compression e	well #1 ties, however efinitely due ser is subject their take equipment to e casing is be indicated no	The Well is cap r the purchaser to the lack of ting our well t of gas, thereby obtain monthly elieved to be g flow. The And	erson A lease is
✓SEE ATTA	ounn sar Saide desir	This Approval G	O Alife 28	AUG2 8 1986 BOIST. 3 DIV.
	the foregoing is true and co	rrect Continuent Ex	Superintendent	5PROVED 8/15/86
(This space for Fed	eral or State office use)		INC	AMENDED
, ,	•	TITLE		TO A PETER
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY: (4) NMOGCC (2)	JNH LAA	ARM	AUG 2 8 1986
<b>D</b>	o^-	*See Instructions on	Reverse Side	REA MANAGER