Form 3160-5 (June 1990)		FORM APPROVED Budget Bureau No. 1004-0135
		Expires: March 31, 1993
UNITED S	STATES	5. Lease Designation and Serial No.
DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		NM 53936.A
		6. If Indian, Allottee or Tribe Name
	ND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir	, 7. If Unit or CA. Agreement Designation
Use "APPLICATION FOR PI SUBMIT IN TRIPLIC	ERMIT " for such proposals	, . I om of cranty comon besignation
1. Type of Well		8. Well Name and No.
X Oil Well Gas	Well Other	Berry Federal Well No. 1
2. Name of Operator	Company	9. API Well No. 30-045-25831
Giant Exploration & Production 3. Address and Telephone No.	Сопрану	10. Field and Pool, or Exploratory Area
P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325		Bisti Lower Gallup
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Parish, State
990' FNL, 1980' FWL, Sec. 11, T25N, R13W		San Juan, New Mexico
12. CHECK APPROPRIATE BO		F NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF AC	
	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction Non-Routine Fracturing
Subsequent Remort	Plugging Back X Casing Repair	Water Shut - Off
X Subsequent Report	Altering Casing	Conversion to Injection
Final Abandonment Notice	Other	(Note: Report results of multiple completion on Well
		Completion or Recompletion Report and Log form.) stimated date of starting any proposed work. If well is
 Tripped out of the hole v Cleaned out to PBD. Isolated leaking casing fr 	ction Company returned the subject well with the existing liner and gas vent packers om 2784'—3816'. The with isolating packers from 2670'—392	ers.
	ng string and rod string. Resumed prod	
14. I hereby certify that the foregoing is true a Signed Faul R. Williams	TitleArea Engineer	Date APR 1 0 1995
Paul R. Williams		
(This space for Federal or State office	Title	Date
Approved by	Thio	
Conditions of aproval, if any:	for any parson knowingly and willfully to make t	o any department or aggree of the United Marie All Rilse.
fictious or fraudulent statements or represent		o any department of accepte the for dracorbise,
*See Instruction on Reverse Side		
		APR 1 4 1995
		FARMINGTON DISTRICT OFFICE
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