| Form 3160-5<br>November 1983)<br>Formerly 9-331)  | EPARTM             | INITED STAT<br>IENT OF THE<br>I OF LAND MAN | IE INTERIOR (Other Instructions on re- |   | TE* 5. Li          | Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  NM 03015 |             |  |                |  |                    |                                       |  |  |                                |  |
|---|--------------------|---|--|---|--------------------|--|-------------|--|----------------|--|--------------------|---------------------------------------|--|--|--------------------------------|--|
| · · · · · · · · · · · · · · · · · ·   |                    | CES AND REI                                 |  | ON WELLS back to a different reservoir. proposals.)                                 | 6. IF              | INDIAN, ALLOTTEE OR T  | LIBE NAME   |  |                |  |                    |                                       |  |  |                                |  |
| OIL GAS T   |                    |   |  |   |                    | 7. UNIT AGREEMENT NAME   |             |  |                |  |                    |                                       |  |  |                                |  |
| WELL WELL LX OTHER  |                    |   |  |   |                    | Huerfano Unit  |             |  |                |  |                    |                                       |  |  |                                |  |
| 2. NAME OF OPERATOR   |                    |   |  |   |                    | 8. FARM OR LEASE NAME  |             |  |                |  |                    |                                       |  |  |                                |  |
| El Paso Nat   | tural (            | ias Company                                 | 7 ·                                    |   |                    | Huerfano Unit  |             |  |                |  |                    |                                       |  |  |                                |  |
| 3. ADDRESS OF OPERATOR  |                    |   |  |   |                    | BLL NO.  |             |  |                |  |                    |                                       |  |  |                                |  |
| PO Box 4289   | ), Fari            | nington, NN                                 | 1 874                                  | 99  |                    | 56   |             |  |                |  |                    |                                       |  |  |                                |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  850'S, 850'W |                    |   |  |   |                    | 10. FIELD AND POOL, OR WILDCAT   |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    |   |  |   |                    | Basin Dakota  11. SBC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 15, T-25-N,R-9-W              |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    |   |  |   |                    |  |             |  | 14. PERMIT NO. |  | 15 PIFVATIONS (Sho | ow whether Dr. RT. GR. etc.)          |  |  | 12. COUNTY OR PARISE 13. STATE |  |
|   |                    |   |  |   |                    |  |             |  |                |  |                    | · · · · · · · · · · · · · · · · · · · |  |  | 1                              |  |
|   | 6624'GL            |   |  |   |                    | San Juan NM  |             |  |                |  |                    |                                       |  |  |                                |  |
| 16.   | Check Ap           | propriate Box To                            | Indicate I                             | Nature of Notice, Report, c   | or Other           | Data   |             |  |                |  |                    |                                       |  |  |                                |  |
|   | E OF INTENT        |   |  |   | SEQUENT E          |  | •           |  |                |  |                    |                                       |  |  |                                |  |
| Г   | • ]                |   |  | 808   | TT                 |  |             |  |                |  |                    |                                       |  |  |                                |  |
| TEST WATER SEUT-OFF   | P                  | CLL OR ALTER CASING                         |  | WATER SHUT-OFF  | X                  | REPAIRING WELL   |             |  |                |  |                    |                                       |  |  |                                |  |
| FRACTURE TREAT  | и                  | ULTIPLE COMPLETE                            |  | FRACTURE TREATMENT  |                    | ALTERING CASING  |             |  |                |  |                    |                                       |  |  |                                |  |
| SHOOT OR ACIDIZE  |                    | BANDON*                                     |  | SHOOTING OR ACIDIZING   |                    | Abandon ment*  |             |  |                |  |                    |                                       |  |  |                                |  |
| REPAIR WELL   | cı                 | HANGE PLANS                                 |  | (Other)   |                    |  |             |  |                |  |                    |                                       |  |  |                                |  |
| (Other)   |                    |   |  | Completion or Recont details, and give pertinent datations and measured and true ve | ompletion <b>E</b> | ltiple completion on We<br>Report and Log form.)   |             |  |                |  |                    |                                       |  |  |                                |  |
|   | 24.0# :<br>140 sk: | surface cas<br>s (165 cu.:                  | sing,<br>ft.) c                        | surface hole.<br>202' set at 214'<br>ement. Circulat<br>/30 minutes.                | . Cen              | mented with  |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    |   |  |   |                    |  |             |  |                |  |                    |                                       |  |  |                                |  |
| •   |                    |   |  |   |                    |  |             |  |                |  |                    |                                       |  |  |                                |  |
| •   |                    |   |  |   |                    | MO: 27<br>L COL  |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    |   |  |   |                    | <b>D</b> .33. 9  |             |  |                |  |                    |                                       |  |  |                                |  |
| 18. I hereby certify that the   | foregoing is       | true and correct                            |  | · · · · · · · · · · · · · · · · · · ·   |                    |  | <del></del> |  |                |  |                    |                                       |  |  |                                |  |
| SIGNED 199  | Draw               | full ,                                      | TITLE                                  | Drilling Clerk  |                    | DATE November  | 9,1984      |  |                |  |                    |                                       |  |  |                                |  |
| (This space for Federal or State office use)  |                    |   |  |   | 100555             |  |             |  |                |  |                    |                                       |  |  |                                |  |
| ,   |                    |   |  |   |                    | CEPTED FOR RECORD  |             |  |                |  |                    |                                       |  |  |                                |  |
| APPROVED BYCONDITIONS OF APPRO  | VAL IF AN          |   | TITLE                                  | <del></del>   |                    | DATE   |             |  |                |  |                    |                                       |  |  |                                |  |
| COMMITTIONS OF AFPRO  | TAU, IF AP         | •••   |  |   | N                  | OV 21 1984   |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    |   |  |   |                    |  |             |  |                |  |                    |                                       |  |  |                                |  |
|   |                    | *See  | Instruction                            | ns on Reverse Side  | FAKIMIN            | JUN RESOUNCE AREA  | l           |  |                |  |                    |                                       |  |  |                                |  |

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