Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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070 FARMINGTON, NM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
SF-078062

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
NMNM 91265

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
Gracia Navajo 5K #2

2. Name of Operator
Pro NM Energy, Inc.

9. API Well No.
30-045-28913

3. Address and Telephone No.
460 St. Michael's Dr.,#402 Santa Fe, NM 87505 (505) 983-3155

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1845' FSL, 1830' FWL, Sec. 5 T25N, R11W

11. County or Parish, State
San Juan, New Mexico

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DIST. 3

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Refracture stimulation	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We request approval to refracture stimulate this well as follows:

1. Rig up and tag for fill. Clean out if necessary.
2. Rig up service company and pump refracture stimulation (80,000# Delta Frac with Sand Wedge).
3. Clean out fill and if water production indicates, install progressive cavity pump to dewater formation.
4. Return well to production.

14. I hereby certify that the foregoing is true and correct

Signed Arlene Dicks Title Director of Operations Date 9/24/98

(This space for Federal or State office use)

Approved by /S/ Duane W. Spencer Title _____ Date SEP 28 1998

Conditions of approval, if any:

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD