Form 3160-5 November 1983)	UNITED ST		SUBMIT IN TRIPLICATION OF	Expires August 31, 1985
Formerly 9-331)	DEPARTMENT OF TI BUREAU OF LAND M			5. LEASE DESIGNATION AND SERIAL NO
				SF-07809 /
	RY NOTICES AND			
(Do not use this for U	m for proposals to drill or to MAPPLICATION FOR PERM	deepen or plus	proposible CIVED	West Bisti
			- RECEIVED	7. UNIT AGREEMENT NAME
OIL X GAS	OTE II			·
NAME OF OPERATOR			APR 3 0 1986	8. FARM OR LEASE NAME
Chevron U.S.A.	Inc.		7, 1,	
ADDRESS OF OPERATOR			BUREAU OF LAND MANAGEME	NT 9. WELL NO.
P.O. Box 599, 1	Denver, Colorado 80	0201	FARMINGTON RESOURCE AKE	△ 132
LOCATION OF WELL (Repo See also space 17 below.)	ort location clearly and in acco	ny State requirements.*	10. FIELD AND POOL, OR WILDCAT	
At surface				Bisti Lower Gallup
			1	11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
	1980' FSL and 60	50' FEL		1
				Sec. 28, T-26N, R-13W
, PERMIT NO.	15. ELEVATIONS			12. COUPTY OR PARISH 18. STATE
		6231' GI		San Juan N.M.
•	Check Appropriate Box	To Indicate	Nature of Notice, Report, o	or Other Data
Mom	ICE OF INTENTION TO:			
		 -	#UB	SEQUENT ESPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CAN	BING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLET	rz	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS		(Other) Well St	
(Other)		<u></u>	Completion or Reco	sults of multiple completion on Well ompletion Report and Log form.) ates, including estimated date of starting s
			ging to a second second	
	1			Land Company
			11/1/12/1006	
			in the second	\ 9
			Control of the second	6 - BLM
			DIST. 9	1 - J. Lisenbee
				I' - JLP
	:			1 - M. J. Miller
				3 - G. H. Warner
				1 - LLK
I hereby certify that the	<u> </u>			
THE TO	foregoing is true and correct			•
SIGNED A TA	ruparies	TITLE AS	sociate Environmenta Specialist	April 23, 1986
(This space for Federal	or State office use)			APPROVED
			A	AS AMENDED
APPROVED BY	OVAL IF ANY:	TITLE		DATE
TOTAL TOTAL OF MITTER				MAYL 0.3 1998
Approval Or Temporary	, , , , , , , , , , , , , , , , , , , ,			Phelin
Approval Or Temporary	5-1-87 ·c	- ند. حدوا م	ns on Reverse Side	to Mokelly
ndonment Expires		ie instructio	MAAA Ami	1
10 19 11 5 6 6	001		MIVIUCC!	CAREA MANAGER
itted States any false, f	ictitious or fraudulent stat	ny person kn ements or re	nowingly and willfully to make presentations as to any matte	e to any department or agency of the within its jurisdiction.
			•	