,		Form approved. Budget Burcau No. 1004-0135
Ferm 3160-5 UNITED S	TATES SUBMIT IN TRIPLICAT	E Poires August 31 1985
(November 1983) DEPARTMENT OF	THE INTERIOR verse side)	T. LEASE DESIGNATION AND SERIAL NO
(Formerly 9–371) BUREAU OF LAND	MANAGEMENT	SF 078476
		6. IF INDIAN, ALLOTTER OR TRIBE NAME
SUNDRY NOTICES AND	REPORTS ON WELLS	Į.
(Do not use this form for proposals to drill or to use "APPLICATION FOR PER	o deepen or plug back to a different reservoir. MIT" for such proposais.)	•
i.		7. UNIT AGREEMENT NAME
OIL GAS COTHER		
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
L.P. Moore Inc.		Federal J
ADDRESS OF OPERATOR		9. WHIL NO.
P.O. Box 7032 Boul	der, Co. 80306	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.)	cordance with any State requirements.	MORU (1
1110 FSL 990 FEL		11. SEC., T., R., M., OR BLK. AND
1110 FSL 990 FZ=		SURVEY OR ARMA
		Sec. 11, 27N-8W
15 RIEVATION	s (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISE 13. STATE
14. PERMIT NO. 15. ELEVATION	GR 6618'	San Juan N.M.
6. Check Appropriate Bo	x To Indicate Nature of Notice, Report, o	or Other Data
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
TEST WATER NEUT-OFF PULL OR AUTER	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT MULTIPLE COMP		ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL X CHANGE PLANS	(Other)	No. of mileton and Wall
(Other)	Completion or Reco	oults of multiple completion on Well outpletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clear	y state all pertinent details, and give pertinent de ive subsurface locations and measured and true ve	ates, including estimated date of starting ani- ritical depths for all markers and souch perti-
we intend to remove 1 packer and resume p	wallhave fill and run	back in with a
We intend to remove t	I the Words to b	reain on 11/30/89
packer and resume p	roduction, work to	19.
a Age		
5 6 4 3		
as e e		
- 3 3 3 3 3 5 T	ئى ئا	
Note that the second se		APR1 6 1990
<u>ි</u> පු ස්ම් පු පුද්ද		DIL CON. DIV.
	•	DIST. 3
		(5.6). 0
	-	•
	not .	
18. I hereby certify that the foregoing is true and corr	TITLE President	11/15dea
SIGNED Jap 1-/Moure	_ TITLE _ Fresiden	DATE OF RECORD
(This space for Federal or State office use)		VUCELIFO LOW WE
/mana akana ana a anama ana a anama a a a a a a	many 72	DATE ARRIVA
APPROVED BY	TITLE	ीठ प्रस्तु । विश्वक्
CONDITIONS OF MANAGEMENT	NMOCD	DESCHIBLE AREA
	-	-on DESIMALIE DIES.

*See Instructions on Reverse Side

BY

there is a serima for the pareon impuringly and willfully to make to any department or agency of the