Form approved. Budget Bureau No. 1004-0135 UNITED STATES

SUBMIT IN TRIPLICATE\*

(Other Instructions on reverse side) Form 3160-5 Expires August 31, 1985 (November 1983) 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT SF-078372 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

"Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME ī WELL Huerfano Unit X OTHER NAME OF OPERATOR Paso Natural Gas Company Huerfano Unit 9. WBLL NO. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*
See also space 17 below.) 262 10. FIELD AND POOL, OR WILDCAT At surface 850'N, 800'E <u>Basin Dakota</u> IC., T., E., M., OR BLE. AND SURVEY OR AREA 11. ssc. Sec. 31, T-26-N, R-10-WN.M.P.M.
12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether OF, ET. GR. etc.) 14 PERMIT NO 6533**'**GL San Juan MN 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO PELL OR ALTER CASING TEST WATER SHUT-OFF WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLET FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON SHOOTING OR ACIDIZING ABANDON MENT? REPAIR WELL (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. 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 sones pertinent to this work.) \* This well has a possible casing failure. It is intended to MOL&RU. NU BOP & test. Round trip tubing w/casing scraper. Run cement retainer & set @ 6200' to isolate failure. into retainer with tubing and try to recover commercial production.

\*See Instructions on Reverse Side

Drilling Clerk(

07-12-88

DATE

and correct

TITLE

18. I hereby certify that the foregoing is true

APPROVED BY

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY: