Form 3160-5 (November 1983) (Formerly 9-331)	UNITED DEPARTMENT OF	THE INTERIO	SUBMIT IN TRIPLIC (Other instructions of verse side)	Expires Au	ved. eau No. 1004-0135 gust 31, 1985 FION AND SERIAL NO.	
	BUREAU OF LAN	D MANAGEMENT		NM 03493		
	DRY NOTICES AN form for proposals to drill or Use "APPLICATION FOR P			6. IF INDIAN, ALLC	TTEE OR TRIBE NAME	
1. OIL GAS WELL X OTHER				Huerfano	7. UNIT AGREEMENT NAME Huerfano Unit	
2. NAME OF OPERATOR	El Paso Natural	Cas Compan	*7	8. FARM OR LEASE Huerfano	j	
3. ADDRESS OF OPERATOR		Gas Compan	у	9. WBLL NO.	OHIE :	
Post Office Box 4289, Farmington, NM 87499				165E		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)					10. PIELD AND POOL, OR WILDCAT	
At surface	Basin Dak	Basin Dakota /				
RECEIVE	D			Sec. 30, T-	OR BLE. AND -26-N, R-9-W	
14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PAI	ISH 13. STATE	
JAN 22 198	JAN 2 2 1986 6508 GL				San Juan NM	
16.		ov To Indicate Na	ture of Notice, Report,	Osh D-s	<del></del>	
BUREAU OF LAND MANA	GEMENT	ox to malcate (40)				
FARMINGTON RESOUR	E AREA		80	BSEQUENT REPORT OF:		
TEST WATER SHUT-OF			WATER SHUT-OFF	REPAIRI	G WELL	
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COM	PI.ETE	FRACTURE TREATMENT	<del></del>	G CABING	
REPAIR WELL	ABANDON* CHANGE PLANS		SHOOTING OR ACIDIZING	Spud Well	MENT*	
(Other)			(NOTE: Report re	esuits of multiple completi completion Report and Log	on on Well	
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	COMPLETED OPERATIONS (Clear well is directionally drilled, a	rly state all pertinent o give subsurface location	losalli 3 -t	2		
1-20-86	jts. 8 5/8", Cemented wit calcium chlo	24.0#, J-5 h 150 sks. ride, (177	m. 1-20-86. I 5 surface cast Class "B", wit cu.ft.). Circu 30 minutes, he	ing set at 224th 1/4# gel fl ilated to surf eld ok.	4'. Lake/sk, 3% face. WOC	
8. I hereby certify that to SIGNED C42.	he foregoing is true and corre		ling Clerk	CAL CON DIST. 3 DATE	1-21-86	
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APPROVED BY CONDITIONS OF APP	ROVAL, IF ANY:	TITLE		DATE		
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\*See Instructions on Reverse Side

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