Form	3160	- 5
(Nove	mber	1983)
(Form	erly	9 - 331

Form approved. Budget Bureau No. 1004-0135

APPROVED BYCONDITIONS OF APPR	~~~		TLE		DATE FEB 2 0 19	986
SIGNED (This space for Federal	or State office		TLE Drillir	g Clerk	DAAGGEPTED2FOR-	RECOR
18. I hereby certify that the	foregoing is t	rde and correct			1 1 1 3 THE	
		,				. •
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	Class cu.ft. 2% calc stage calcium "B", 69	"B" 65/35 F) followed cium chloriwith 207 skm chloride 5/35 Poz mi	Poz mix, 6 by 100 sk de, 1/4# as. Class (336 cu.f x with 69	3% gel, 2% ca s class B, 5 fine tuf-plu "B" 65/35 Po Et.), 3rd sta	clcium chloride (280 0/50 POZ mix, 2% ge g/sk (124 cu ft). 2 gz mix, 6% gel, 2% ge with 619 sks. Cl calcium chloride (1	ol, 2nd lass
2-12-86	casing	6538' set	@ 6550 '.	Float colla	K-55 production or set @ 6533'. Sta st stage with 173 s	
17. DESCRIBE PROPOSED OR C proposed work. If w nent to this work.)	OMPLETED OPER vell is direction	ATIONS (Clearly state ally drilled, give sub	all pertipent deta surface locations a	ils, and give pertinent d nd measured and true vo	ates, including estimated date of star ertical depths for all markers and son	ting any les perti-
REPAIR WELL (Other)	c	HANGE PLANS		(Other) (Note: Report re	Running Casing sults of multiple completion on Well completion Report and Log form.)	
FEACTURE TREAT SHOOT OR ACIDIZE		ULTIPLE COMPLETE BANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®	
FARMINGTON RESOURE	P	ULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
BUREAU OF LAND MANO	PICE ON ANTENT				BREQUENT REPORT OF:	
FEB 1 4 138		propulate Box To		of Notice, Report,		
14. PERMIT NO.	6503101				12. COUNTY OF PARISH 13. ST San Juan NM	ATE .
RECEIVE	O				Sec.30,T-26-N,R-NMPM	
See also space 17 below.) At surface 1650'N, 1650'E					Basin Dakota 11. sec., T., E., M., OR BLE, AND	
Post Office Box 4289, Farmington, NM 87499 1. Location of Well (Report location clearly and in accordance with any State requirements.*					225E 10. FIELD AND POOL, OR WILDC.	• • • • • • • • • • • • • • • • • • • •
E 1	Paso N	atural Gas	Company		Huerfano Unit	
2. NAME OF OPERATOR					8. FARM OR LEASE NAME	
OIL GAS OTHER				7. UNIT AGREEMENT NAME Huerfano Unit		
	orm for propos Use "APPLICA	als to drill or to dee TION FOR PERMIT-	pen or plug back t " for such propose	o a different reservoir. ds.)		
SUNE		ICES AND RE		WELLS	6. IF INDIAN, ALLOTTEE OR TRI	BE NAME
(November 1983) (Formerly 9-331)	DEPART	MENT OF THE	INTERIOR	(Other instructions as	5. LEASE DESIGNATION AND SE SF 078372	HAL NO.
(November 1083)		UNITED STAT	۲۶	SUBMIT IN TRIPLIC.	Expires August 31, 19	85

*See Instructions on Reverse Side

MARMINGTON RESOURCE AREA

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