Form 3160-5 (November 1983) (Formerly 1-331)

UNITED STATES SUBMIT IN TRIPLICATE* Other lostructions on reverse side)

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 079043

BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

(Do not	SUNDRY N	OTICES AND I	REPORTS (deepen or plug lit " for such p	ON WELLS OM hack to a different reservoir.		IF INDIAN, ALLOTTEE	OR TRIBE NAME		
T.			 88	050 27 PM 3: 47	7.	UNIT AGRESMENT NA	NEBU		
oir 🗀	GAR X OTH	PD			Agreement No. I, Sec. 929				
	FARMINGTON RESOURCE AREA						8. FARM OR LEASE NAME		
		1- 0- 1-1	FAR	MINGTON, NEW MEXICO	N	ortheast Bla	nco Unit		
ADDRESS OF	ood & Nichol	is Co., Lta.			9	WBLL NO.			
		urango, cO 8130	02-1237		4	01			
P. O. Box 1237, Durango, co 81302-1237 1. LOCATION OF WELL (Report location clearly and in accordance with any State regulrements.						10. FIELD AND POOL, OR WILDCAT			
See also spac At surface	ce 17 below.)			1.36	B	asin Fruitla	nd Coal		
1540' F/SL - 915' F/WL						SUC., T., B., M., OR B. SURVET OR AREA	LE. AND		
	_,				3	SURVEI OR AREA			
						L-9-30N-7W			
14, PERMIT NO.		15. BLEVATIONS	(Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 18. STATE			
i		6299	9' U.G.			io Arriba	New Mexico		
30 037 2									
16.	Check	c Appropriate Box	To Indicate N	lature of Notice, Report	t, or Other	Data	·		
	NOTICE OF I	INTENTION TO:		, , ,	BUBSEQUENT	REPORT OF:			
	٢٠		[]						
TEST WATER	SHUT-OFF	PULL OR ALTER CAS]	WATER SHUT-OFF	<u> </u>	REPAIRING W			
FRACTURE T	REAT	MULTIPLE COMPLET	TE	FRACTURE TREATMENT		ALTERING CA	ļ		
RHOOT OR AS	CIDIZD	ABANDON*		(Other) Compl		ABANDONMEN	T -X		
REPAIR WELL CHANGE PLAN		CHANGE PLANS		(Norge Report	results of m	ultiple completion	on Well		
(Other)			!1	Completion or i	Recompletion	Report and Log for	m.)		
17. DESCRIBE PRO proposed v nent to thi	s work.)			of details, and give pertinent tions and measured and true					
	Tripped in hole with new 6 $1/4$ " bit. Drilled cement to 7" casing shoe at 2949'. Drilled open hole section from 2949' to 3000'.								
	(continue	d on next page	,						
18. I hereby cert	tify that the forego	ing is true and correct							
SIGNED 2	Villing	I Clark		erations Manager	-ACCE	DATE Decemb	en 19, 1988		
	for Federal or Stat	te office use)				3.4			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:			TITLE			DATE	·		
					i.		a atal		
					FRAN	INGIUM NEGO JAUE	Fifted:		
					87	Smm			