| Form 3160-5 (November 1983) | UNITED STATES | ED STATES SUBMIT IN TRIPLICATES OF THE INTERIOR (Other lastructions on re- | | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| BUREAU OF LAND MANAGEMENT | | | | AND SERIAL NO. | |
| CUNDRY NO | TICES AND REPORTS onais to drill or to deepen or plu CATION FOR PERMIT—" for suc | ON WELLS | 6. IP INDIAN, ALLOY | BEAN BEIST SO SET | |
| Use "APPLI | CATION FOR PERMIT— 10F 10C | - yropotan, | 7. UNIT AGRESSET | NAMB | |
| OIL GAS X OTESS ~ | | | San Juan 30-6 Unit | | |
| 2. HAME OF OPERATOR | | | S. FARM OR LEASE NAME | | |
| El Paso Natural Gas Company | | | San Juan | 30-6 Unit | |
| 3. ADDRESS OF OPERATOR | office Dev 4000 B | anninghan NM 07400 | | | |
| Post Office Box 4289, Farmington, NM 87499 6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | 452 10. FIELD AND POOL, | OR WILDCAT | |
| See also space 17 below.) At surface 1160'S, 1705'W // 190 | | | Undes.Fr | Undes.Fruitland Coa | |
| | | | 11. SEC., T., S., M., OR SLE. AND SURVEY OR AREA | | |
| | | | | -30-N,R-6- | |
| A PERMIT NO 15. SLEVATIONS (Show whether OF, ST. GR. etc.) | | | N.M.P.M. | 12 m.c. | |
| 14. PERMIT NO. | 6275 GL | | Rio Arriba NM | | |
| | | | | DO NH | |
| 6. Check A | Appropriate Box To Indicate | Nature of Notice, Report, or | Other Data | | |
| NOTICE OF INT | ENTION TO: | 20301 | QUENT EMPORT OF: | | |
| TEST WATER SEUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING | | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING | CASING | |
| SHOOT OR ACIDIZE | ABANDON® | SHOOTING OR ACIDIZING | ABANDONA | BHT. | |
| REPAIR WELL | CHANGE PLANS | (Other) | Spud Well ts of multiple completio | n on Well | |
| (Other) 17 DESCRIBE PROPOSED OR COMPLETED C | | Completion or Recou | pletion Report and Log | (orm.) | |
| Če 3% | mented with 175 s calcium chloride | K-55 surface casi ks. Class "B" with (206 cu.ft.). Ci d 600#/30 minutes, | 1/4#/sk. ge rculated to | 1-flake and | |
| | Section of the sectio | OIL CON. DIV. DIST. 3 | 86 AUG 25 PH 3: 02 PANUAGET LIFE SERVICE FANGET LIFE SERVICE | MCV 182 187 187 187 187 187 187 187 187 187 187 | |
| 18. I ereby certify that the foregoing | of true and correct | Regulatory Affairs | DATE | 08-25-88 | |
| (This space for Federal or State | | | ACCEPTE | FOR RECORD | |
| APPROVED BY | P' | Terphonic stage of the stage of | AUG 2 9 1988 FARMINGTON RESOURCE AREA | | |
| | *See Instructi | ons on Reverse Side | BY Klknell | | |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.