Form 3160-5 November 1983) Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTERIBUREAU OF LAND MANAGEMENT		Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5 LEASE DESIGNATION AND SERIAL NO. SF 068990
SUN (Do not use this	DRY NOTICES AND REPORTS (form for proposals to drill or to deepen or plug to Use "APPLICATION FOR PERMIT—" for such p	ON WELLS pack to a different reservoir. roposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAR	RE!	CEIVED	7. UNIT AGREEMENT NAME
WELL WELL X OTHER 2. NAME OF OPERATOR MAY 0.9 1985			8. FARM OR LEASE NAME
El Paso Natural Gas Companyureau of LAND MANAGEMENT			Hudson
5. ADDRESS OF OPERATOR FARMINGTON PESOURCE AREA			9. WELL NO.
PO Box 4289, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			1E
See also space 17 below.) At surface 1120'S, 1560'E			10. FIELD AND POOL, OR WILDCAT
			Basin Dakota 11. SEC., T., B., M., OR BLE. AND
			SURVEY OR AREA
			Sec.8,T-29-N,R-12-
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE NMP
	565	52'GL	San Juan NM
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS COMPLETED OPERATIONS (Clearly state all pertinent well is directionally drilled, give subsurface located to the complete of the com	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recompl t details, and give pertinent dates, tions and measured and true vertical	DENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well etion Report and Log form.) Including estimated date of starting any all depths for all markers and zones perti-
	Cemented w/165 sks. Classificated to surf. WOO to 600#/30 min., ok.	C 12 hrs. Press.t	MAY 15 1985

18. I hereoy certify that the foregoing is true and correct

SIGNED LIGATE SAME TITLE Drilling Clerk DATE 5-9-85

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

DIST. 3

*See Instructions on Reverse Side