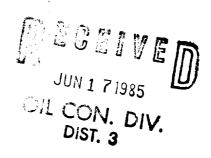
		1			r orm approv	ea.
Form 3160-5 Yovember 1983)		JNITED STAT		SUBMIT IN TRIPLICATE  (Other instructions on re	10 1 / Pranting A	au No. 1004-0135 ust 31, 1985
Formerly 9-331)	DEPART	MENT OF THE	INTERIO	R verse aide)	5. LEASE DESIGNATI	
,		J OF LAND MAN		/	SF 078578A	A.
CLIN	IDDY NOT	CEC AND DE	DODTS OF	N WELLS	6. IF INDIAN, ALLOT	TEE OR TRIBE NAME
20 h	NUKT NOII	CES AND RE	PORIS OI	h to a different reservoir		
(Do not use this	Use "APPLICA	TION FOR PERMIT-	-" for such prop	k to a different reservoir.		
i.					7. UNIT AGREEMENT	NAME
WELL GAS WELL	X OTHER					
2. NAME OF OPERATOR	8. FARM OR LEASE NAME					
El Paso Natu	Howell K	Howell K				
3. ADDRESS OF OPERATO	9. WELL NO.					
P. O. Box 428	6	6				
4. LOCATION OF WELL (1 See also space 17 bel At surface		Blanco Pictured Cliffs				
				JUN 1 41985	11. SEC., T., R., M., ( SURVEY OR A)	OR BLK. AND
	Sec. 20, T	Sec. 20, T-30-N, R-8-N				
		OF LAND MANAGEMENT	NMPM			
14. PERMIT NO.		15. ELEVATIONS (Sho	w whether Br. K	TON RESOURCE AREA	12. COUNTY OR PAR	ISH 13. STATE
			5744' GL	1	San Juan	NM
16.	Check Ap	propriate Box To	Indicate Nat	ture of Notice, Report, or	Other Data	
	QUENT REPORT OF:	JENT REPORT OF:				
					REPAIRIN	
TEST WATER SHUT-C		CLL OR ALTER CASING	′	WATER SHUT-OFF		
FRACTURE TREAT		CULTIPLE COMPLETE	,	FRACTURE TREATMENT	ALTERING	· · · · ·
SHOOT OR ACIDIZE	<u>  </u> ^	BANDON*		SHOOTING OR ACIDIZING	ABANDON Spud Wel	
REPAIR WELL		HANGE PLANS		(Other)	ts of multiple completi	
(Other)		etion Report and Log form.)				

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.) •

6-12-85 Spudded well at 2:00 PM, 6-11-85. Drilled to 224'. Ran 5 jts, 8 5/8" 24#, K-55 surface casing set at 224'. Cmt'd w/190 class B, 1/4# Cellophane flake/sk, 3% Calcium Chloride (224 cu ft). Circ. cmt to surface. WOC 12 hrs. Tested 600 psi/30 min. Held ok.



I hereby certify that the foregoing is true and correct	TITLE	Drilling Clerk		DATE	6-13-85
(This space for Federal or State office use)			4.70		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		15	DATE	
				0113	

\*See Instructions on Reverse Side