Form 3160-5

(Other)

UNITED STATES

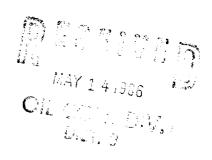
SUBMIT IN TRIPLICATE.

rorm approved. Budget Bureau No. 1004-0135

(Formerly 9–331)	**	MENT OF THE INTE JU OF LAND MANAGEME		SF 078604		
SUN (Do not use this	DRY NOT	6. IF INDIAN, ALLOTTER OR TRIBE NAME				
OIL GAS WELL WELL	OTHER	7. UMIT AGREEMENT NAME				
2. NAME OF OPERATOR		8. FARM OR LEASE HAME				
	El Paso Natural Gas Company				Scott	
3. ADDRESS OF OPERATOR		9. WBLL NO.				
	Post Of	fice Box 4289,F	armington,NM 87499	18(P&A)		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1100'N, 1520'E				10. FIELD AND POOL, OR WILDCAT		
At surface	"1100'N,		Mt. Nebo Fruitland			
RECEIL		11. SEC. T. R. M., OR SLK. AND SURVEY OR AREA 2 - N, R-10-W N. M. P. M.				
14. PERMIT POLY () 8 1986 15. ELEVATIONS (Show whether DF, BT, GR, etc.)		r DF, BT, GR, etc.)	12. COUNTY OR PARISH	18. STATE		
		1	6187'GL	San Juan	NM	
16. BUREAU OF LAND M FARMINGTON DESC	AMAGEMENT US SIPERE AP	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data	<u> </u>	
N	OTICE OF INTENT	ENT REPORT OF:				
TEST WATER SHUT-OF	7 P	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	VBLL	
FRACTURE TREAT		IULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA		
SHOOT OR ACIDIZE		ABANDON®	SHOOTING OR ACIDIZING	ABANDONMEN		
REPAIR WELL.		HANGE PLANS	(Other)		· -	

(Note: Report results of multiple completion on Well Completion or Recompletion 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.)

> The lease number has been stamped on the plug and abandonment marker.



18. I hereby certify that the foregoing is true and corn			
SIGNED Sign Joah	Drilling Clerk	DATE	05-07-86
(This space for Federal or State office use)			385
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	
		,	, and the second second

*See Instructions on Reverse Side

United States any faise, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.