Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES PARTMENT OF THE INTERI	SUBMIT IN TRIPLICATES (Other instructions on re-	Expires August 5. LEASE DESIGNATION	31, 1985
SHNDRY	NOTICES AND REPORTS (or proposals to drill or to deepen or plug b APPLICATION FOR PERMIT—" for such pi	ON WELLS	NM-0607 6. IF INDIAN, ALLOTTER	SKAN SEIST SO
i.	APPLICATION FOR PERMIT		7. UNIT AGREEMENT NA	×8
	OTHER		S. PARM OR LEASE NAM	
2. NAME OF OPERATOR				_
	cidian Oil Inc.	<u></u>	Atlantic C	·
3. ADDRESS OF OPERATOR			9. WELL NO.	
Post Office Box 4289, Farmington, NM 87499			216 10. PIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1770 S, 960 W			Undes.Fruitland Coal	
At surface 1/			11. SEC., T., B., M., OR S	31-N,R-10-V
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	1		1
	60	36'GL	San Juan	NM
is. Ch	eck Appropriate Box To Indicate N	lature of Notice, Report, or O	ther Data	
	OF INTENTION TO:		INT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	1—1
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	pud Well	'' _ .
REPAIR WELL	CHANGE PLANS	(Norz: Report results	of multiple completion	on Well
(Other)	LETED OPERATIONS (Clearly state all pertinen	Completion or Recomple	including estimated dat	e of starting any
proposed work. If well inent to this work.)	is directionally drilled, give subsurface local	tions and measured and true vertical	depths for all markers	-and sones perti-
10-19-88	Spudded well at 3:00 jts. 9 5/8", 32.3#, Edmented with 150 sks 3% calcium chloride (WOC 12 hrs. Tested 6	H-40 surface casing s. Class "B" with l [177 cu.ft.). circu	set at 232 /4#/sk. gel- lated to su	'. -flake and
10-22-88	TD 2670'. Ran 63 jts 2657' set @ 2670'. Composition of the control	Cemented with 390 s calcium chloride a followed by 100 sk 3 cu.ft.). WOC 12	ks. Class ": ind 1/2 cu.f s. Class "B	B" 65/35 t./sack " with 2%
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			107 07 Isb	ğ
	•		OIL CON. 1	
			DIST. ?	
TAR AR				
18. I hereby certify that the fo	oregoing is true and correct			
SIGNED ATTACK		egulatory Affairs	DATE	10-25-88
(This space for Federal or	State office use)			
APPROVED BY	TITLE		DATE	

Form approved.

*See Instructions on Reverse Side