| Form 3160-5   | . 1  | INITED STATES  |  |   |                                      | Form approved<br>Budget Bureau                   | l.<br>No. 1004–013 |
|---|--|--|--|---|--------------------------------------|--|--------------------|
| (November 1983)<br>(For erly 9-331)   | DEPARTM                                    | ENT OF THE IN  | VTFRIOR                                    | SUBMIT IN TRIPL (Other instructions                   | ICATE                                | Expires Augus                                    | t 31 1085          |
| (   |  | OF LAND MANAG  |  | Actae mide)   |                                      | 6. LEASE DESIGNATION<br>751-88-0001              | AND BERIAL NO.     |
| CLIN  | ······································     |  |  | 14/51 1.0   |                                      | 6. IF INDIAN, ALLOTTI                            | ER OR TRIBE WALL   |
| SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.) |  |  |  |   |                                      |  | TO TELES NEW       |
|   | Use "APPLICAT                              | ION FOR PERMIT—" to  | or such proposal                           | s.)   | •                                    | UTE MTN UTE                                      |                    |
| OIL GAR   | <u></u>                                    |  |  |   |                                      | 7. UNIT AGREEMENT N                              | AME                |
| WELL X WELL  2. NAME OF OPERATOR  | OTHER                                      |  |  |   |                                      | N/A  |                    |
| BASF CORPORATION (303)565-7773  |  |  |  |   |                                      | 8. FARM OR LEASE NAME                            |                    |
| 8. ADDRESS OF OPERATOR  |  |  |  |   |                                      | UTE MTN UTE 28                                   |                    |
| 230 W. NORTH STREET CORTEZ, CO. 81321   |  |  |  |   |                                      | 9. WELL NO.                                      |                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1284 FSL & 1112 FWL (SWSW)                           |  |  |  |   |                                      | 10. FIELD AND POOL, OR WILDCAT                   |                    |
|   |  |  |  |   |                                      | VERDE-GALLUP                                     |                    |
|   |  |  |  |   |                                      | 11. SEC., T., R., M., OR BLE, AND                |                    |
| •   |  |  |  |   |                                      | SURVEY OR ARMA                                   |                    |
| 14. PERMIT NO. 15 RIPVATIONS (Show whether an are all all all all all all all all all al  |  |  |  |   |                                      | M28-31N-14W NMPM                                 |                    |
| 14. PERMIT NU.  |  |  | BLEVATIONS (Show whether DF, RT, GR, etc.) |   |                                      | 12. COUNTY OR PARISH 18. STATE                   |                    |
|   |  | 5505' UNGRA  | ADED GROU                                  | ND  |                                      | SAN JUAN   | NM ·               |
| 16.   | Check Appl                                 | ropriate Box To Indi   | cale Nature                                | of Notice, Repor                                      | B                                    | ADRA NO P  |                    |
| ,   | NOTICE OF INTENTIO                         |  | 1  |   |                                      | GEIVE  | 117:               |
| TEST WATER SHUT-OF  | PET PET                                    | A OR ALTER CASING  | 7  |   |                                      |  |                    |
| PRACTURE TREAT  | -  | LTIPLE COMPLETE  | -  | WATER SHUT-OFF<br>FRACTURE TREATMENT                  | _  M                                 | AYOS 1991 10 '                                   | w lett"            |
| SHOOT OR ACIDIZE  |  | NDON*  | -  | SHOOTING OR ACIDIZI                                   | _  .                                 | ALTERING C.                                      | ASING              |
| REPAIR WELL   | CHA  | INGE PLANS   | -  | (Other)   | <b>WILL</b>                          | CONINGIA   | ,                  |
| (Other) PLUG BA   | CK & REDRIL                                | L x  | ]   '                                      | (NOTE: Report   | results o                            | on Report and Log for                            | on Weli            |
| 17. DESCRIBE PROPOSED OR  | COMPLETED OFFI                             | rions (Clearly state all p<br>ly drilled, give subsurfa                            | ertinent detai                             |   |                                      |  |                    |
| nent to this work.)   | ,  | a service and a service and a service as   | ice locations an                           | a messurea and true                                   | A61(1CW)                             | depths for all markers                           | and fones perti    |
| of 7000<br>the lowe<br>in this<br>quarters  | ft. The mar Gallup fo interval. of Sec. 28 | casing) with ections in a d in objective i rmation and dr. The open hole T31N R14W | s to pene ill 1000 section w               | North of Easetrate the fr. ft. or more will remain in | t to a<br>acture<br>of hor<br>n NESW | total depth de interval in izontal hole and NWSE |                    |
| 8. I hereby certify that t  | ha foressing to c                          |  |  |   | · · · · · ·                          |  |                    |
|   | ue loregoing is tru                        |  | A  |   |                                      |  |                    |
| SIGNED FF   | ED J. CLAUS                                | SEN TITLE  | Area s                                     | uperintendent   | <u> </u>                             | DATE 5/6/91                                      |                    |
| (This space for Federa  | l or State office u                        | ne)  |  |   |                                      |  |                    |
| APPROVED BY   | Sally Wisely                               | Y TITLE  | AREA                                       | MANAGER   |                                      | MAY  | 7 1991             |
| CONDITIONS OF APP   |  | TITLE  |  |   |                                      | DATE 1111 12                                     | , 1001             |
| ,   |  |  | imsc                                       | ۵   |                                      |  |                    |
|   |  | /  | ,  |   |                                      |  |                    |
|   | •  | *See Instruc   | ctions on Re                               | verse Side  | <b>6</b> .                           | • 4  |                    |