Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.: NM-17009

6. If Indian, Allottee or Tribe Name: NA

7. If Unit or CA, Agreement Designation: NA

Type of Well: ☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.: GULF FEDERAL 24-#1

2. Name of Operator: M & M PRODUCTION & OPERATION INC.

9. API Well No.: 30-043-20672

3. Address and Telephone No.: P.O. BOX 175, COUNSELOR, NM 87018 (505) 568-4416

10. Field and Pool, or Exploratory Area: COUNSELOR GALLUP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description): 920' FNL 795' FWL Sec. 24-T23N-R6W

11. County or Parish, State: SANDOVAL

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Put In Operation	☐ Dispose Water

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

13. 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 zones pertinent to this work.)*

M & M Production & Operation planes to have this well in production with a gas line in place on or before May 1/1996.

RECEIVED
OCT 19 1995

RECEIVED
BLM
95 OCT 13 PM 1:52
070 FARMINGTON, NM

THIS APPROVAL EXPIRES MAY 01 1996

14. I hereby certify that the foregoing is true and correct

Signed Mary N. McCown Title OPERATOR Date 10/11/1995

APPROVED

(This space for Federal or State office use)

Approved by _____ Title _____ Date OCT 17 1995

Conditions of approval, if any:

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

NMOCD