(No	rm 3160-5 ovember 1983) -merly 9-331)		RTME	ITED STAT NT OF THE FLAND MAN	INTERIOR	SUBMIT IN TRIPLICA (Other instructions on verse side)	re-	Budget Bureau No. 1004-0135 Expires August 31, 1985 LEABE DESIGNATION AND SERIAL NO.		
	SUN (Do not use this	DRY N	OTICES	S AND REF	PORTS ON	to a different reservoir.	6	IF INDIAN, ALLOTTEE OR TRIBE NAME		
1.	OIL (T) GAR				KEC	EINFD	7	UNIT AGREEMENT NAME		
	WELL WELL NAME OF OPERATOR	ОТЕ	ER			22 1985	-/	PARM OR LEASE NAME		
•.	Graham Roya	alty,	Ltd.		. 01	A DO TO THE STATE OF THE STATE		Dome Federal-13		
3.	ADDRESS OF OPERATOR	<u> </u>			THE MANAGERS	AND MANAGEMENT	9.	WELL NO.		
4.	One Barclay Plaza, 1675 Larimer S LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface 640 acres, San Juan (e with any State requirements.*		10	41 FIELD AND POOL, OR WILDCAT Gallup		
	790' FNL and 1080' FEL							11. SEC., T., E., M., OF BLK. AND SURVEY OF AREA Sec. 13, T23N, R8W		
14.	PERMIT NO.			. ELEVATIONS (Sho	w whether DF, RT,	GR, etc.)		COUNTY OR PARISH 13. STATE		
					GR.			San Juan NM		
 16.		CL	l. A			(Nlastas Danas	O.L.	- Data		
2 3.	check Appropriate box to material relative of Honce, Report, of O									
	NOTICE OF INTENTION TO:					5 C. E	SCBSEQUENT REPORT OF:			
	TEST WATER SHUT-OF	FF		OR ALTER CASING		WATER SHET-OFF		REPAIRING WELL		
	FRACTURE TREAT SHOOT OR ACIDIZE		ABANI	IPLE COMPLETE		FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CABING ABANDONMENT®		
	REPAIR WELL			GE PLANS		(Other)	· · · · · · · · · · · · · · · · · · ·			
	(Other) Change	e of O	perator	<u>-</u>				multiple completion on Well 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 zones pertinent to this work.) *									
	7	Dome F When G	ederal raham k		restored	to production in West Lybrook Uni in Unit.	t was	•		
								DIST. 3		
18.	I hereby certify that	the forego	oing is true	7))	From 7	Assistant—Operati	ions	DACCEPTED FOR PRECORD		
	Sandra (This space for Fede	B. Jer ral or Sta	kins to office us		TILE		· · · · · · · · · · · · · · · · · · ·			
	APPROVED BYCONDITIONS OF AF	PPROVAD	IF ANY	т	ITLE			DATE JUL 2.1 1985 FARMINGTON RESOURCE AREA		
								BY		
				*See l	nstructions on	Reverse Side		J		