Orm 3160-5 November 1983) Formerly 9-331)  DEPARTMENT OF THE INTERIOR verse side)  BUREAU OF LAND MANAGEMENT			Expirés August 31,  5. LEASE DESIGNATION AND	Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.	
SUNDI (Do not use this for	RY NOTICES AND R m for proposals to drill or to de me "APPLICATION FOR PERMIT	EPORTS ON WELLS repen or plug back to a different reservoir—" for such proposals.)	dr.		
1.	7. UNIT AGREEMENT NAME	Lindrith "B" Unit			
OIL X GAB WELL 2. NAME OF OPERATOR					
	cing TX & NM Inc.				
3. ADDRESS OF OPERATOR	9. WELL 20.	9. WELL BO.  38  10. FIRLD AND POOL, OR WILDCAT			
9 Greenway					
See also space 17 below. At surface	FSL & FWL	ance with any State requirements.	Undesignated 11. BDC., T., R., M., OR BLK.		
	E D		Sec. 4 T-2	24N, R-2W	
NOV 2 5 198	15. BLEVATIONS (S	Show whether DF, RT, GR, etc.)	Rio Arriba N	8. STATE New Mexico	
16.	Check Appropriate Box 1	o Indicate Nature of Notice, Rep	ort, or Other Data		
BUREAU OF LAND MANA		1	BUBBBQUENT REPORT OF:		
FARMINGTON RESOURCE	FAREA PULL OR ALTER CAS	WATER SECT-OFF	BEPAIRING WEL	ı.	
PRACTURE TREAT	MULTIPLE COMPLETI		LENT ALTERING CASIF	8G	
SHOOT OR ACIDIZE	ABANDON*	BROOTING OR ACID	Spud ABANDONMENT*		
REPAIR WELL	CHANGE PLANS	(Other)(NOTE: Rep	ort results of multiple completion on or Recompletion Report and Log form.	Well	
(Other)	OMPLETED OPERATIONS (Clearly 8	tate all pertinent details, and give perting subsurface locations and measured and t	nent dates, including estimated date o	f starting any	
proposed work. If we nent to this work.)	rell is directionally drilled, give	subsurface locations and measured and t	'Line settical nebtme tot an margets as	10 goale perce	
11 12 05	MIRU Coleman Drl	a Pia #2			
11-13-85	FILKO COTEMAN DIT	g Kig #2			
11-14-85	SPUD & TD 17½" h				
11-15-85	RIH w/ 10 jts 13-3/8" 48# H-40 ST&C csg w/4 centl, cmt on btm @ 400 w/450x Class B (527 cf), circ 150x, 9% HWO, WOC.				
11-16-85	WOC 18 hrs, Test	csg 1000#/½ hr/OK, drlg	new form.		
			Nova	VEM:	
			OIL COM P.	5	
			DIST. 2	V.	
18. I hereby certify that t	the foregoing in true and correct	Authorizod Aco	nnt 11 20	_85	
SIGNED VOV	- Cy Julio	TITLE Authorized Age	ent DATE 11-20		
(This space for Federal	al of State office use)	TITLE	DATE	1 - 5	
CONDITIONS OF AP	PROVAL, IF ANY:			P3E	

\*See Instructions on Reverse Side