Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES SUBMIT IN TRIPL (Other instructions DEPARTMENT OF THE INTERIOR verse aide)					
BUREAU OF LAND MANAGEMENT				SF 079549		
SUNE (Do not use this fo	RY NOTI	CES AND REPORTS		6. IF INDIAN, ALLOTTE	OR TRIBE NAME	
OIL GAS WELL OTHER				7. UNIT AGREEMENT NAME NONE		
2. NAME OF OPERATOR				8. FARM OR LEASE NAME		
JOSEPH B GOULD				PHILLIPS		
3. ADDRESS OF OPERATOR				9. WELL NO.		
430 So. 3rd St. LAS VEGAS, NV 89101 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					Listed below	
See also space 17 belov At surface	₹.)		2, T. 25N.,R.3 W	11. SEC., T., E., M., OR SURVEY OR AREA		
14. PERMIT NO.		15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OR PARISE RIO ARRIBA	NM	
16.	Check Ap	propriate Box To Indicat	e Nature of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO: SUBSE				QUENT REPORT OF:		
TEST WATER SHUT-OF	F F	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT		ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C		
SHOOT OR ACIDIZE REPAIR WELL		BANDON* HANGE PLANS	SHOOTING OR ACIDIZING (Other)	ABANDONME	NT*	
		water pits	(NOTE: Report resul	ts of multiple completion pletion Report and Log fo	on Well	
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	Work to	extions (Clearly state all pert hally drilled, give subsurface to be performed	inent details, and give pertinent date locations and measured and true vertion the following li LIPS 32-3; PHILLIPS	sted wells:		
	•	IPS 32-7; PHIL	· •	,,		
oil saturate to get hydro	d soil v carbins	vill be land far down to accepta	d water pits on learmed on location anable levels. o and stored in abo	d treated wit	th bacteria	
All burms an	d fences	will be rebuil moved from loca	lt and repaired as ations and disposed	needed. of properly.	•	
		-> If po	ts aven't clo	sed now	this	
			MECE!			
			AUG = 519	993		
			OIL CON.	DIV.		
18. I hereby certify that John Shipley SIGNED	the foregoing is (Agent	for J. B Gould)	Centract Pumper	DATE S-	2- <i>93</i>	
(This space for Feder	al or State offic	e use)				
APPROVED BYCONDITIONS OF AP	PROVAL, IF A	NY:		DATE		