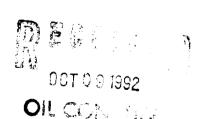
(Nove	3160- mber erly !	1983

Form 3160-5 (November 1983)		UNITED STATES		SUBMIT IN TRIPLICATE* (Other instructions on		Budget Bureau No. 1004-0135 Expires August 31 1985		
(Formerly 9-331)		ENT OF THE I	-	reverse side)	5.	LEASE DESIGNATION A	ID SERIAL NO.	
				REĆEIVE		-149-IND-8464		
		ES AND REI		o a different reservoir.		IF INDIAN, ALLOTTEE O		
		FOR PERMIT-" for a		92 OCT -5 A	111 5	EVAJO – ALLOT	TED	
1. OIL GAS WELL	ОТНЕЯ			OLG FARMING]		UNIT AGREEMENT NAM	E	
2. NAME OF OPERATOR TEXACO EXPLOR	RATION AND PE	ODUCTION INC.		<u> </u>	8.	FARM OR LEASE NAME		
3. ADDRESS OF OPERATOR					- + -	9. WELL NO.		
P. O. Box 3109	, Midland, 1	Texas 79702			8	1		
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface.				1	10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL			
1080' FSL & 1355' FWL, UNIT LETTER N, SE/SW			11	11. SEC., T., R., OR BLK. AND SURVEY OR AREA				
					. \$	EC.10, T-27-N	, R-9-W	
14. PERMIT NO.		15. ELEVATIONS (S		F, RT, GR, etc.)	12	. COUNTY OR PARISH	13. STATE	
API - 03 045 287	02	GR-6119', KE	<u>-6132'</u>		S	AN JUAN	NM	
16.	• •	•	To Indicate	Nature of Notice, Rep	•			
•	OTICE OF INTENTION	TC		Sues	EQUENT N	EPORT OF:	_	
TEST WATER SHUT-OFF	' P	ULL OR ALTER CASING	\vdash	WATER SHUT-OFF	Ц	REPAIRING WE	և 🔲	
FRACTURE TREAT	—	ULTIPLE COMPLETE	\vdash	FRACTURE TREATMENT	\vdash	ALTERING CAS	NG	
SHOOT OR ACIDIZE	—	BANDON*	\square	SHOOTING OR ACIDIZING		THEIMHODHARA	<u> </u>	
REPAIR WELL (Other)	°	HANGE PLANS		(Other) PRODUCTION CASING (NOTE: Report results of multiple completion on well			well	
	OR COMOLETER COE	DATIONS (Classic state	all pertinent de	 Completion or Recentails, and give pertinent dates, 		Report and Log form		
				d measured and true vertical dep				
09-17-92.				BTD 2155'. TESTED CAS				
				2005-28, 2030-31, 20	36–39	, 2050–52, 206	85–67,	
2075, 2077-84, 2 3. DOWELL ACIDIZ	•	•						
				0-52. WITH 213000# 20/40 S	AND.	JOB COMPLETE	09-19-92.	
MAX PSI: 861, MP								
5. TH & CLEAN OL	JT SAND.							
6. SWAB 10 MCFF	•			DD 6 4 DLW				
7. FLOW TEST 24 8. TESTING.	HUURS U9-2	9-92. KECUVER	IED 37 MCFI	ru a 4 BLW.				



	= .				
18. I hereby certify that the foregoing is true and correct signer C.P.Bashum / cw H		DRILLING OPERATIONS MANAGER	, DATE _	10-02-92	
(This space for Federal or State office use)			ACCEPTED FOR RECORD		
APPROVED BY	TITLE		DATE		
CONDITIONS OF APPROVAL, IF ANY:	t.		90	T 0 7 1997	
	*See instr	uctions on Reverse Side	ONIMHAN YE	STON RESOURCE AREA	

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.