				Form approved.
Form 3160-5	UNITED STA	TES	SUBMIT IN ARIPLICATE	
lovember 1983)	DEDITION OF THE	IC INITEDIAD	(Other instructions on re	TO THE PRODUCTION IN ABOUT NA
Formerly 9-331)	- DEPAKIMENT UP 17	IE IIVIERIUR	, verbe lidey	U. LEABE DEBIUNATION AND BERIAL NO.
	BUREAU OF LAND M.	ANAGEMENT		SF080212
SUNDRY NOTICES AND REPORTS ON WELLS				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use thi	s form for proposals to drill or to to Use "APPLICATION FOR PERM	leepen or plug back	to a different reservoir.	
				7. UNIT AGREEMENT NAME
OIL CAS WELL OTHER 2 NAME OF OPERATOR				S. FARM OR LEASE NAME
Reeves Drilling & Petroleum				Malco Copple
3. ADDRESS OF OPERATOR				9. WELL NO.
P.O. Box. 12145 Las Vages NV. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface 360N' 1650W'				Verde Callup
JOUN 1030W				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
				Sec. 5 T30N R15W nmpm
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OR PARISH 13. STATE
	54 56 ! G			San Jaun NM
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				
	NOTICE OF INTENTION TO:	r	SCBSE	QUENT REPORT OF:
TEST WATER SHUT- FRACTURE TREAT	OFF PULL OR ALTER CAS		WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)				ts of multiple completion on Well
(Other) Retest Oil Production Completion recompletion or Recompletion or Recompletion 17. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates,				pletion Report and Log form.)
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.)				
We are placing the number two well back on production to retest oil and				
water, The well has been bailed and there is some oil a				
\prec	he date			
+ Plans provide this office w/ the a Lesting and production of the #2 M				Malca Capple
	Feed Trible Conne	A		
the executived time frame of our DEGE SEPO.				termation with
				ur August 7, 1984
				a e a w e 👝
				PERKEIU
				127
				P U 4 198 4
				CON. DIV.
DI				DIST. 3
18. I hereby certify the	at the foregoing A true and correct			
SIENED Denny Recues TITLE President			AGGEPTED PORT 984 CORD	
	deral or State office use)			TOOST TOO HELDUILD
APPROVED BYTITLE				DATE AUG 2. 1984
CONDITIONS OF APPROVAL, IF ANY:				
		N MOCK) /	FARMINISHUN NESOUNCE AREA
*See Instructions on Reverse Side				BY4/d
				V

Title 15 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the