

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form 3160-5, 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-1949

6. LAND OWNER OR TRIBE NAME

Ute Mt. Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR B.L. AND  
SURVEY OR AREA

Sec. 23, T-31N, R-16W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

RONALD HICKS

3. ADDRESS OF OPERATOR

P. O. Box 356, Bloomfield, NM 87413

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

1980' FSL & 330' FWL

14. PERMIT NO.

API# 30-045-10448

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5589' G. L.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion 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.)\*

Move in rig, check tubing for holes, check well for fill up,  
clean out well if necessary and restore well back to  
production.

18. I hereby certify that the foregoing is true and correct

SIGNED

*Ronald Hicks*

TITLE

Operator

DATE

1983-8-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 13 1989

CONDITIONS OF APPROVAL, IF ANY:

*Umocd*  
\*See Instructions on Reverse Side