Form 3160-5

HNITED STATES

NOTICE OF INTENTION TO:

Form approved. Budget Bureau No. 1004-0135

| (November 1983) (Formerly 9-331) | DEPARTMENT OF THI BUREAU OF LAND MAI | E INTERIOR (Other Instructions verse side) | Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. Ute Mt. Tribal Moo C-1420-0626 |
|---|---|---|---|
| | INDRY NOTICES AND RED for more for proposals to drill or to dec Use "APPLICATION FOR PERMIT." | epen or plug back to a different reservoir. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL WEL | L X OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | / | 8. FARM OR LEASE NAME |
| El Paso Na | itural Gas Company | | Pinon Mesa A |
| 3. ADDRESS OF OPERA | | | 9. WBLL NO. |
| P.O. Box 4 | 289, Farmington, New Me | xico 87499 | # 3 |
| 4. LOCATION OF WELL See also space 17 At surface | (Report location clearly and in accorda | nce with any State requirements. | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| 810'N, 1450'E | | | 11. SEC., T., R., M., OR BLE. AND SURVEY OF ARMA Sec. 35, T-31-N, R-14-W NMPM |
| 14. PERMIT NO. | 15. ELEVATIONS (Sh | ow whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 56321 | G.L. | San Juan New Mexico |
| 16. | Check Appropriate Box To | Indicate Nature of Notice, Repor | THE THE PERSON NAMED OF |

TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING

FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

Verbal approval was given by Mr. Dennis Carpenter on August 26, 1985, to move on this well and set a cement retainer to contain a suspected casing leak. The well will be tested for 90 days to determine if the well is to be permanently repaired or plugged and abandoned.



SUBSEQUENT REPORT OF:

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|---|-------------------------------|----------------------|
| 18. I hereby certify that the foregoing is true and correct SIGNED Torus W. Followski | † † | 1 26 1005 |
| | TITLE SF. Production Engineer | DATE August 26, 1985 |
| (This space for Federal or State office use) | TITLE ACTING AREA MANAGER | AUG 28 1985 |
| CONDITIONS OF APPROVAL, IF ANY: | الم مرز | |

^{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.) •