| form 3160-5 | HAUTED STAT | FS SUBMIT IN TRIPLICAGE | Form approved. Budget Bureau No. 1004—0135 |
|---|--|--|--|
| (ovember 1983) Formerly 9-331) | UNITED STAT DEPARTMENT OF THE | INTERIOR verse side) | 5. LEASE DESIGNATION AND BERIAL NO. |
| | BUREAU OF LAND MAN | AGEMENT | NM-6893 6. IF INDIAN, ALLOTTER OR TRIBE NAME |
| SU (Do not use th | NDRY NOTICES AND REIST STATE OF THE PROPERTY O | PORTS ON WELLS ben or plug back to a different reservoir. " for such proposals.) | o. W Modal, abbotted of tale was |
| OIL GAB | X OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | | 8. FARM OR LEASE NAME |
| Southland | Royalty Company | | Hilmer Canyon |
| P. O. Draw | er 570, Farmington, New | Mexico 87499 | #3 |
| 4. LOCATION OF WELL See also space 17 th At surface | (Report location clearly and in accordance low.) | REC.EIVED | Albino Pictured Cliffs |
| | 1530' FNL & 1680' FWL | JUN 1 1 1985 | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA |
| 14. PERMIT NO. | 15. ELEVATIONS (Sho | BUREAU OF LAND MANAGEMENT | Section 24, T32N, R8W |
| | 6971' G | | San Juan New Mexico |
| 16. | Check Appropriate Box To | Indicate Nature of Notice, Report, o | or Other Data |
| | NOTICE OF INTENTION TO: | # UB | SEQUENT REPORT OF: |
| TEST WATER SHOT | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT SHOOT OR ACIDIZE | MULTIPLE COMPLETE ABANDON® | FRACTURE TREATMENT SHOOTING OR ACIDIZING | ALTERING CASING ABANDONMENT® |
| REPAIR WELL | CHANGE PLANS | (Other) | NTL-2B Requirements X |
| (Other) | | Completion or Reco | ompletion Report and Log form.) ates, including estimated date of starting any |
| 5-29-85 | leak detection systems. | 5') were constructed with . Pits were fenced to pre will be transported and di R12W, San Juan County, New | sposed of in the McGrath |
| | | | JUN 1 7 1985 OIL CON. DIV. DIST. 3 |
| | | | |
| SINED STATE | at the foregoing is true and correct | TITLE District Production S | Supt. ACCEPTED FOR SECORE |
| (T is space for F | derai or State office use) | | JUN 1 1 1985 |
| APPROVED BY _ CONFITTIONS OF | APPROVAL, IF ANY: | ritur | DATE |
| | | | FARMINGIUN RESUURCE AREA |

*See Instructions on Reverse Side