| Form 3160-5 1<br>(November 1983)  | UNITED STATES   | SUBMIT IN TRIPLICA                   | Form appro<br>Budget Bu<br>Expires Au                         | oved.<br>reau No. 1004-0135<br>igust 31, 1985  |  |
|---|---|--------------------------------------|---|--|--|
|   | RTMENT OF THE INTER   | - <i>T</i>                           | 5. LEASE DESIGNA  | ATION AND SERIAL NO.   |  |
| <del></del>   | REAU OF LAND MANAGEMEN  | <del>/</del>                         | NM 12013  | OTTEE OR TRIBE NAME  |  |
| (Do not use this form for p   | IOTICES AND REPORTS Droposals to drill or to deepen or plug PLICATION FOR PERMIT—" for such | back to a different reservoir.       |   | AREN ADDIT NO CELLO  |  |
| OIL GAB OTH   | ZE ·  |                                      | 7. UNIT AGREEMEN  | T NAME   |  |
| 2. NAME OF OPERATOR   |   |                                      | 8. FARM OR LEASI  | E NAME   |  |
| 3. ADDRESS OF OPERATOR  | an Oil Production I   | n.c                                  | EPNG A  |  |  |
| Post 0  | ffice Box 4289,Farm   | ington,NM 87499                      | 1A  |  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface   |   |                                      |   | 10. FIELD AND POOL, OR WILDCAT   |  |
| 1840'N  | , 1830'E  |                                      | Blanco Me   | OR BLK. AND  |  |
| Married Married Conference of the Conference of |   |                                      | Sec. 21, T-   | 32-N,R- 6-W  |  |
| 15. ELEVATIONS (Show whether Dr. RT. GR. etc.)  |   |                                      | N.M.P.M.  | RISH   13. STATE   |  |
|   | 639   | 6398'GL                              |   | им   |  |
| 15. UU   0 3 1985 Check   | Appropriate Box To Indicate N   | Nature of Notice, Report, or         | r Other Data  |  |  |
| BUREAU OF LAND MANAGEMENT   |   |                                      | EQUENT REPORT OF:   |  |  |
| FARMING TON THE SOURGE AREA   | PULL OR ALTER CASING  | WATER SHUT-OFF                       | REPAIRI   | NG WELL  |  |
| FRACTURE TREAT  | MULTIPLE COMPLETE   | FRACTURE TREATMENT                   | ALTERIN   | G CASING   |  |
| REPAIR WELL   | ABANDON* CHANGE PLANS   | SHOOTING OR ACIDIZING                | ABANDON   | MENT*  |  |
| (Other)   | Change Flam   | (Norz: Report resu                   | Spud Well  its of multiple complete completion Report and Log | ion on Well  |  |
| 17. DESCRIBE PROPUSED OR COMPLETED proposed work. If well is dir nent to this work.) *  | OPERATIONS (Clearly state all pertinen ectionally drilled, give subsurface local            | • daeail                             |   | <del></del>  |  |
| Čem<br>3%   | . 9 5/8", 32.3#, H-<br>ented with 130 sks.<br>calcium chloride (1<br>12 hours. Tested       | Class "B" with 1<br>53 cu.ft.). Circ | l/4#/sk. gel<br>culated to s                                  | -flake and   |  |
|   |   |                                      |   | jā.<br>Voja  |  |
|   |   |                                      |   |  |  |
|   |   |                                      | DEG E   | The state of the s |  |
|   |   |                                      | OCTIONS   | in the second se |  |
|   |   |                                      | -4.   |  |  |
|   |   |                                      | OIL COM. I  | 39 <b>7.</b><br>Santanan   |  |
| 18. I hereby certify that the foregoing   | ; is true and correct   |                                      |   |  |  |
| SIGNED Jeggy  | Soak TITLE Dri  | lling Clerk                          | DATE  | 10-3-85  |  |
| (This space for Federal or State of   | office use)   |                                      | ASCETTE OF PODE   |  |  |
| APPROVED BYCONDITIONS OF APPROVAL, IF   | ANY:  | TITLE                                |   | DATE   |  |
|   |   |                                      |   | 35   |  |
|   | *See Instructions   | on Reverse Side                      | FARE COLLEGE RESSEL   | A MILEA  |  |

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.

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