| Form 3160-5<br>(November 1983)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | UN.                                                  | ITED STATI                             | INTERIOR                              | SUBMIT IN TRIP!<br>(Other Instructions<br>verse side) | 08 8                                              | Budget Bureau No. 1004-013<br>Expires August 31, 1985                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|---------------------------------------|-------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (Formerly 9-331)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | F LAND MAN                             |                                       | ( ''''                                                | 3.                                                | NM-CO-745                                                                                       |
| SUN<br>(Do not use this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | 6. IF IRDIAS, ALLOTTES OR TRIBE NAME   |                                       |                                                       |                                                   |                                                                                                 |
| I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UM "APPLICATION                                      | TOR PERMIT                             | ior ion propo                         | ,                                                     |                                                   | UNIT AGREEMENT HAME                                                                             |
| OIL GAS WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                    | Allison Unit                           |                                       |                                                       |                                                   |                                                                                                 |
| 2. NAME OF OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8.                                                   | PARM OR LEASS NAME                     |                                       |                                                       |                                                   |                                                                                                 |
| El Paso Nat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | ompany //                              | Jendu                                 | en ail                                                |                                                   | Allison Unit                                                                                    |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9.                                                   | ************************************** |                                       |                                                       |                                                   |                                                                                                 |
| P.O. Box 4 LOCATION OF WELL (R. See also space 17 belo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10                                                   | PIBLD AND POOL, OR WILDCAT             |                                       |                                                       |                                                   |                                                                                                 |
| At surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1460'N,                                              | 790 <b>'</b> E                         |                                       |                                                       |                                                   | Basin Fruitland                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        |                                       |                                                       | 1                                                 | Sec. 25, T32N, R7                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        | · · · · · · · · · · · · · · · · · · · |                                                       |                                                   | NMPM                                                                                            |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15.                                                  | BLEVATIONS (Show                       | whether of, ST.                       | CR. etc.)                                             | 12                                                | San Juan NM                                                                                     |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | 6470'GL                                |                                       |                                                       |                                                   |                                                                                                 |
| 1 <b>6</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                        | ndicate Natu                          | re of Notice, Repo                                    | ·                                                 | •                                                                                               |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOTICE OF INTENTION                                  | 10:                                    |                                       |                                                       | BUSABQUENT                                        | REPORT OF:                                                                                      |
| TEST WATER SECT-OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .—                                                   | OR ALTER CASING                        |                                       | WATER SECT-OFF                                        |                                                   | ESPAIRING WELL                                                                                  |
| FRACTURE TREAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ASAND                                                | PLE COMPIRTE                           | :                                     | PRACTURS TREATME:                                     |                                                   | ALTERING TABLES                                                                                 |
| REPAIR WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                          | OB PLANS                               |                                       | (Other)                                               |                                                   |                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                        | <del></del>                           | Nors: Repor                                           | results of                                        | nultipie completion en Well                                                                     |
| proposed work. If<br>nent to this work.) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMPLETED SPERATIO well is directionally             | drilled, give subs                     | surface locations                     | tails, and give pertine and measured and tru          | Recompletion<br>of dates, inclu-<br>e vertical de | a Report and Log form.) uding estimated date of starting all pths for all markers and somes per |
| ones rise proposed or proposed work. If nent to this work.  Attached is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COMPLETED SPERATIO well is directionally             | drilled, give subs                     | surface locations                     | tails, and give pertine and measured and tru          | Recompletion<br>of dates, inclu-<br>e vertical de | uding estimated date of starting a<br>pthe for all markers and somes per                        |
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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 United States any (alse, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

## P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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All discusses must be from the outer boundaries of the Section.

William Walled St. T. A.

| H  1460  1460  1460  16470  1. Outline the  2. If more than interest and 3. If more than dated by con  Yes  If answer is this form if the stand of t | ortion  25 on of Wells feet from the Producing Fruit acreage dedi n one lease royalty).  one lease o nmunitization  No  "no," list the cessary.) s will be assing, or otherwi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | North Formation Land Coa icated to the is dedicated of different on n, unitization f answer is he owners ar igned to the ise) or until a     | North  line and  1 e subject we d to the wel wnership is n, force-pool 'yes;' type of nd tract desc well until al           | Pool Rasin ell by col l, outline dedicated ing. etc? of consoli criptions    | ored pende each and to the we dation which have beinnating      | fcot from the sil or hachus identify the sell, have the unitizate actually len consolid such interes | re marks on e ownership e interests ation been consol              | Dedicated Acres 320,00 the plat below, thereof (both as of all owners be lidated. (Use rev communitization, en approved by the                             | erse sid                        |
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| RECEINATE DEC 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |                                                                                                                             |                                                                              |                                                                 |                                                                                                      | en:d/er                                                            | BC. 62                                                                                                                                                     | 38<br>witness                   |