Form 3160-5 (August 1999)		UNITED DEPARTMENT C: BUREAU OF LAN:	THE INT	RIOR	391011	12 13 13 15 15	\	OM Expire	RM APPROVI B No. 1004-01 s November 30	35	
Do i abai	SUNDF at use the oned w	RY NOTICES AND his form for proper yell. Use Form 3162	DEDODT	l or to ∤e⊣en te r such pro pos <u>a</u>	r an alssECF	ZUQI IVED	6. If Indi	<u>3926</u> an, Alle		Name	
		RIPLICATE - Othe			UU AF	TECIA	N/N/ 7. If Uni		/Agreement, I	Name and/or No.	
 Type of Well Oil Well Name of Operator Cleo 	is Well		•	(2)	2922<	<u>c</u> z. v ²	WSLU 8. Well 1 Tr. 9. API V	<u>5 We</u>	⊇11 8		
3a. Address P.O. Box 2	7 Loc	co Hills, NM	8825 5	 Phone No. (inclusion) (505)677- 	de area re 2395	ode)	30-0 10. Field	15-0 and Poc	04004 ol, or Explorat -San A:		
Unit Lette T16S R30E	-	980' FNL 198		of Sec.	35		11. Count Eddy,	y or Pa		101 000	
12. (ECK AI	PPROPRIATE BOX	(ES) TO IN	DICATE NATU	JRE OF	NOTICE,	REPORT, C	DR OT	HER DAT	Ά	
TYPE OF SUBM	SION			Т	YPE OF	ACTION					
 Notice of Intent Subsequent Rep: Final Abandonn Describe Proposed If the proposal is a 	open dire	Acidize Alter Casing Casing Repair Change Plans Convert to Inject cet Operation (clearly state cetional) or recomplete the work will be perform	e all pertinen: borizontally, 5	ve subsurface locat	H H H H H H H H H H H H H H H H H H H	neasured and t	bandon any proposed rue vertical de	work au	all pertinent	y I . W . te duration thereon	
We propose Csg. has BLM. (cha	o is ready	inal Ababalonment Notic for fine inspection.) lear. out we y been test losed)	11 and	instat	ce ba	ck to :	injecti	on	well.		
14. Thereby certify th Name (Printed/T) Amador Pa	foregoin	ng is true and correct		Title	Produ	lction	Foremar	1			
	_	M		Date	01/08	9/01		1			
Name (Printed/T) Amador Pa Signature	o Jr	M	tose rights it	Deral OR S	01/08	9/01	E	l Date			

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