| Form 3160-5<br>(November 1983)<br>(Formerly 9-331) | UNI STATE DEPARTMEN: JF THE I BUREAU OF LAND MANA  | NIERIOR (Other Instruction          | 5. LEASE DESIGNATION AND SERIAL NO.  NM 27643  |
|--|--|-------------------------------------|--|
| SUNI<br>(Do not use this i                         | ORY NOTICES AND REPORT OF PROPERTY OF THE PROP | ORTEGON, WELLS 210                  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 1. OIL F GAS (                                     |  | KECEIVED DI                         | 7. UNIT AGREEMENT NAME   |
| OIL GAS WELL  2. NAME OF OPERATOR                  | OTHER  | <b>DOT 20 1985</b>                  | 8. FARM OR LEASE NAME  |
| TOMSCO E   | NOX SY   | 7 O O D                             | PROMONTORY B FEDERAL   |
| PORNY 66   | 4 ARTESIA, NEW MOXI  | CD PABIFFY                          |  |
| 4. LOCATION OF WELL (Re<br>See also space 17 belo  | port location clearly and in accordance  | with any State requirements.*       | 10. FIELD AND POOL, OR WILDCAT   |
| At surface   | AND 976 FWL  |                                     | THAT RED LAKE (Q (b) EXT<br>11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA                          |
|  | 65-R28E  |                                     | 523-T165-R28E  |
| 14. PERMIT NO.                                     | 1  | whether BF, RT, GR, etc.)           | 12. COUNTY OR PARISH 18. STATE   |
|  | 3756 GR  |                                     | EDBY HIM.  |
| 16.  | Check Appropriate Box To In  | dicate Nature of Notice, Rep        | ort, or Other Data   |
| и  | OTICE OF INTENTION TO:   |                                     | SUBSEQUENT REPORT OF:  |
| TEST WATER SHUT-OF                                 |  | WATER SHUT-OFF                      | REPAIRING WELL   |
| FRACTURE TREAT                                     | MULTIPLE COMPLETE ABANDON*   | FRACTURE TREATM                     |  |
| SHOOT OR ACIDIZE REPAIR WELL                       | CHANGE PLANS   | (Other)                             |  |
| (Other)  |  | (Note: Repo                         | ort results of multiple completion on Well<br>or Recompletion Report and Log form.)                      |
| proposed work. If<br>nent to this work.) *         | well is directionally drilled, give subsu  | rface locations and measured and ti | ent dates, including estimated date of starting any rue vertical depths for all markers and sones perti- |
|  | TOLE AND SPOTTED CE  | well beary 42 2 to                  |  |
| 2. 2118- 201                                       | 4' - 35 sxs  | CEMENT                              |  |
| 1534'- 12  | 60' - 80 sxs   | CEMENT                              |  |
| 640- 530   |  |                                     |  |
| 305 - 223  | - 40 sxs   | CEMENT - WAITED                     | 3 HRS - TAGGED PLUG. HELD OK,  |
| 50'- JURF  | 23 3X 3  |                                     |  |
|  | LING RIG AND EQUIP<br>DRY HOLE MARKER -  |                                     | B, PERFORMED THE POLLOWING:  |
| BUSTED OU  | TPITS. PUSH ROAD ;   | LOCATION BACKINT                    | O PLACE. RIPPED ROAD   |
| AND LOCA   | TION 12" DEEP. RESEE   | DED ROAD, LOCATION                  | , AND PIT AREA WITH # 1 SEED   |
|  | ACROSS PREVIOUS 830  |                                     |  |
| 18. I hereby certify that                          | he foregoing is true and correct   |                                     |  |
| · · · · · · · · · · · · · · · · · · ·              |  | TLE OPERATOR                        | DATE 8-8-85  |
| (This space for Feder                              | al or State office use)  |                                     |  |
| APPROVED BY  |  | TLE                                 | DATE   |

## \*See Instructions on Reverse Side