Form 3160-5 November 1983) Formerly 9-331)	DEPART	MENT OF TH	ATES HE INTERIOF	SUBMIT IN TRIP (Other instruction verse aide)	FIC ,	Form approved. Budget Bureau F Expires August 5. LEASE DESIGNATION A	31, 1985	d51
S (Do not use	HNDDY NO	TICES AND I	REPORTS ON deepen or plug back IT—" for such propo	WELLS to a different reagraph eagle.) 8 08 An	5 0	6. IF INDIAN, ALLOTTEE		
OIL X GAI	s (~)		nan Rad) <u>.</u>	7. UNIT AGREEMENT NA		_
. NAME OF OPERAT			ARE	AML	TRICG FEDERAL			
RAY WESTAL				RECEIVED		9. WELL NO.	<u>. </u>	-
PO BOX 4 L	OCO HILLS,	NM 88255	rdance with any Sta	te requirements.		#8 10. FIELD AND POOL, OR	WILDCAT	=
 LOCATION OF WEI See also space 1' At surface 	7 below.)	clearly and in acco	ruance with the pro-	MAY 17'90		SHUGART		
	0 FSL & 330	FWL			į	11. SEC., T., R., M., OR BLE. AND BURVEY OR ARMA		
				C. D. And ESIA, OFFI CE		35-T18S-R30E	<u> </u>	_
14. PERMIT NO.		15. ELEVATIONS	(Show whether DF, RT			12. COUNTY OR PARISH	İ	_
		3432 (EDDY	NM NM	-
16.			To Indicate Nat	ure of Notice, Rep		ther Data		
NOTICE OF INTENTION TO:						REPAIRING WELL		
TEST WATER SI	1	PULL OR ALTER CA		WATER SHUT-OFF FRACTURE TREATM	LENT	ALTERING C	11	
FRACTURE TREA		ABANDON*		BEOOTING OR ACI	DIZING	ABANDONME	NT*	
REPAIR WELL		CHANGE PLANS		(Other) SPUD	ort results	of multiple completion	on Well	
(Other)				Completion	or Recompl	etion Report and Log fo including estimated dat il depths for all marker	rm.;	 15
01-24-90	RAN 573' 13 200sxs CLAS RAN 1713' 8 200sxs CLAS 358sxs TO 1 TD 4500' RA PD @ 11:45 PRESSURE TO CNL/GR PER AC1D 4,000 ERAC W/75	SS "C" CIRCU B 5/8" 24# C SS "H" 200sx PIT PD @ 3:0 AN 4500' 5 1 pm RELEASED EST CSNG TO FORATED 20 S gal 15% AIR 000 gal 40#	48# CSNG CMT LATED 200sxs SNG CMT w/83 s CLASS "C" Opm /2 17# CSNG RIG 1000# HELD 3 HOTS 2914-30 3bpm @ 1400# ge1 69,00# 2	W/560sxs PAC TO PIT PD @ 55sxs PACESETT 2% CACL2 CIRC CMT w/600sxs 30 min, LOGGET 049 % 20/40 & 78,000 n FSIP 1,000#	10:30an TER LIT CULATED CLASS D w/ATL	m E "C" "C" AS WIRELINE		
	-			ACCEPTED FOR BECOME MAY 1 (199)				
				CARIS	35AO, N	IE AF MENCO		
15. I hereby certify that the foregoing is true and correct				ODUCTION CLER	K	DATE03-0	2-90	
SIGNED	incla f	() 8	TITLE TIME					_
(This space fo	r Federal or State	office use)						
APPROVED B	OF APPROVAL, I	F ANY:	TITLE			DATE		

*See Instructions on Reverse Side