	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	CONTACT RECEIVIN	MIM Roswell District	راء ا	
Form 3160-5		UNITED STATES	OFFICE FOR NUMBER	! Hadified form the	. – – – – – – – – – – – – – – – – – – –	
(July 1989) (Formerly 9-331)	DEPART	MENT OF THE INTER	OF OPIES REQUIRED	NM060-3160-4		
(1 officity 4-331)			0ra-	5. LEASE DESIGNATION AND	BERIAL NO.	
<del></del>		AU OF LAND MANAGEMEN		NM 58815		
SUN	IDRY NO	TICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR	TRIBE NAME	
(Do not use this	form for prope Use "APPLIC	osals to drill or to deepen or plug CATION FOR PERMIT—" for such p	back to a difference reservoir.			
i.			-5 5 90	7. UNIT AGREEMENT NAME		
MELL X MELL	OTHER		0, 0, 6			
2. NAME OF OPERATOR			3a. Arete Stade & Phone No	8. FARM OR LEASE NAME		
Fred Pool D	rilling,	Inc.	505 623 8202	Ronadero Fede	raı	
3. ADDRESS OF OPERATOR	_	•	:	9. WELL NO.		
P.O.box 139	Roswe	clearly and in accordance with any	61.4	2		
See also space 17 belo	w.)	State requirements.*	10. FIRLD AND POOL, OR WILDCAT			
				Und.Turkey Trk, SR-Q G SA		
1980 FSL and	1 1980 F	WL		SURVEY OR ARMA	ND	
				Coc 21 M10C 20	157	
14. PERMIT NO.	<del></del>	15. ELEVATIONS (Show whether of	, RT, GR. etc.)	Sec.31-T19S-30		
30-015-262	222	3321' GR			N.M	
16.			l		14 • P1	
	Check Appropriate Box To Indicate Nature of Notice, Report, or O			ither Data		
N	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OF	· <b>r</b>	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE	PRACTURE TREATMENT X	ALTERING CASING	_	
RHOOT OR ACIDIZE REPAIR WELL,		ABANDON*	SHOOTING OR ACIDIZING X	ABANDONMENT*		
(Other)	L '	CHANGE PLANS	(Other)	of multiple completion on We		
Januar	50 Pe	ft. of cement. rforated 3814-3823	oridge plug at 620 3 with 10 shots. A			
	WI	th 2000 gallons 7	t nere.			
Januar			000 gallons 70 qua	lity foam,		
•	Re	covering load.Put	well on pump.		22	
				<b></b>	C)	
				در در شهر ۱۹ میشون	rm	
				:0	EIVE	
	•				Ö	
·						
					~	
			en de la companya de			
. I hereby certify that th	e foregoing is	true and correct				
SIGNED Son	ta &	SOF TITLE V	lice President	1-9-90	D	
(This space for Federal	or State office	u describito de la compansión de la comp				
		====	ACCEPT	ED FOR RECORD	•	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:				DATE		
			J.	AN 31-1990		
				S0.S		

\*See Instructions on Reverse Side CARLSBAD, NEW MEXICO