Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

Form 3160-5 June 1990)	UNITED STATES DEPARTMENT OF THE IT BUREAU OF LAND MANA	TERIOR N.M. Oil Cor SEMENT 811 S. 1st S		PORM APPROVED No. 1004-0135 Expires: March 31, 1993 Expires: March 31, 1993 Expires: March 31, 1993	
Do not us	SUNDRY NOTICES AND REPOR se this form for proposals to drill or to deep Use "APPLICATION FOR PERMIT-	RTS ON WELLS en or reentry to a diffe	tesia, NM	88210-2832463 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation	
3. Address ar P. O. Box 4. Location of	Gas Well Other	A 15 16 PA	10 70 70 70 70 70 70 70 70 70 70 70 70 70	8. Well Name and No. Pure Gold "B" Fed. #20 WIC 9. API Well No. 30-015-30605 10. Field and Pool, or Exploratory Area Sand Dunes Delaware W. 11. County or Parish, State Eddy County, NM	
	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
	TYPE OF SUBMISSION	TYF	TYPE OF ACTION		
	Notice of Intent	Abandonment Recompletion		Change of Plans New Construction	
Subsequent Report Final Abandonment Notice		Plugging Back Casing Repair Altering Casing Other		Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
directiona	Proposed or Completed Operations (Clearly state all pertinet details drilled, give subsurface locations and measured and true vert Ditched & buried 2-7/8" 2000# FG high pressure I WIC well. RIH w/ pkr & 2-7/8", 6.5#, J-55 IPC tbg. Set pkr (OK. (Attached)	ical depths for all markders and zo	ones pertinent to this we	ation to Pure Gold B Federal #20	
06/01/01	Completed WH hook up. Began injection @ 1000 per order No. R-11246-A. (Attached)	Ohrs CDT @ 1690 BWPD r	ate & 0 psi. Wate	er injection approved by NMOCD	
			JUN	ED FOR RECORD 1 3 2001 S BABYAK EUM ENGINEER	
14. I hereby	certify that the foregoing is true and correct Title	Operations Technician		Date 06/06/01	
	for Federal or State office use)			Date	
Approved by Conditions	of approval, if any:				

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