Form 3160-5	UNITED STATE	ES :	BUBHIT IN TRIP	Expir	et Buresu No. 10 es August 31, 19		
	RTME! OF THE	INTERIOR	(Other Instruction ; rerse side)	5. LEASE D SF- 07	ESIGNATION AND SI	ERIAL NO.	
	REAU OF LAND MANA				N. ALLOTTER OR TH	THE WAYE	
- SUNDRY NO	OTICES AND REP	ORTS ON '	WELLS		., 10001111 02 11		
(Do not use this form for pr Use "APP	LICATION FOR PERMIT—	for such in post	CEIVE	D			
I. OIL GAS []				7. UMIT AC	EERMENT NAME		
OFL X GAR OTHE	<b>2</b>		OUT 09 1985	S. FARM OR	LEASE NAME		
ngo Tva :			Lybroo	Lybrook ·			
3. ADDRESS OF OPERATOR FARMINGTON RESOURCE AREA				9. WHILE HO	9. WELL EO.		
.135 Grant Avenue,	Santa Fe, New Men	cico 87501º		2 ·	ND POOL, OR WILD	C1#	
4. Lot arion of well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface				1	Escrito Gallup		
				11. sac., r.	11. SHC., T., R., M., OR BLK. AND BURYET OR AREA		
2060 FSL 660 FEL	· Sec 22; T24N R7	W N.M.P.M.			N - 7 W		
14. PERMIT NO.	I IS PURVATIONS (Chor	15. ELEVATIONS (Show whether DF, RT, GR, etc.)			OR PARISE   13.		
14. FERNIT NO.		6748 Gr.:				Mex.	
		1: . M .	(N.: D.			110111	
	Appropriate Box To Ir	iaicare Mature			<b>~</b>		
MOTICE OF INTENTION TO:			<b>=</b> U1	BERGURNI REPORT	ر ا		
TEST WATER SHUT-OFF	PCLL OR ALTER CASING	_	WATER SHUT-OFF	<b> </b>	REPAIRING WELL	H	
PRACTURE TREAT	MULTIPLE COMPLETE		PEACTURE TREATMENT SHOOTING OR ACIDIZING	·	BANDONMENT <sup>6</sup>	-	
REPAIR WELL X	CHANGE PLANS		(Other)				
(Other)  17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dire			Completion or Rec	sults of multiple e ompletion Report	and Log form.)		
Intend to set production to monitor gas presabove 2200', will fill If gas pressure does now ith oil and produce.  Notified Jim Lovato of will be required if dr	ssure. Will product casing annulus wonder fall, will set Will monitor oil	rice well. In with oil and in production level.  1 1985 of i	If gas pressure operate.  I operate.  I packer at 4650  Intent to do about to be identified.	falls, indi O'; fill ca	icating hole	2	
	- 1- 1-10 2-10 2-1-1					<u> </u>	
8. I hereby certify that the foregoin	Q Vandia	Compt	roller	Arrki	10/8/85		
SIGNED CASQUELLA	D. Cuestom Tin	TLE		DATE			
(This space for Federal or State	office use)						
APPROVED BY		TLE		QCJ11=	1 1985		
CONDITIONS OF APPROVAL, I	ANI:			Johns	Kell		
who				12 AREA MA	NAGER		
,	*See In:	structions on Re	verse Side	FARMINGTON RE	SINACE AREA		
		NMOCC					
Fitle 18 U.S.C. Section 1001, mak Inited States and false fections	ces it a crime for any pe	rson knowingly	and willfully to make	e to any departm	ent of agency	of the	