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Form 3160-5		ED STATES	Í	FORM APPRO		
(June 1990)		OF THE INTERIOR		Budget Bureau No. 1 Expires: March 3		
		ND MANAGEMENT	g: 23	NM - 01402		
Do not use this fo		ND REPORTS ON WELLS or to deepen or reentry to a different	4	. If Indian, Allonee or Tri	be Name	
U	se "APPLICATION FOR F		t reservoir.	N/A		
	SUBMIT IN	N TRIPLICATE	7	. If Unit or CA, Agreeme	nt Designation	
I. Type of Well Oil Gas Well Well	Other			N/A		
2. Name of Operation				STEPHENSON #1-272		
J. Address and Telephone N	lo.		1	~30-039-00 5 3	57 542	
1331-17th Street, Suite 300, Denver, CO 80202 303-672-6960 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				D. Field and Pool, or Explo Escrito Gallu		
		//4 Sec. 22, T24N-R7W	11	. County or Parish, State		
		•		Rio Arriba Co	ounty, NM	
12. CHECK A	APPROPHIATE BOX(s)	TO INDICATE NATURE OF NOTION	CE, REPORT,	OR OTHER DAT	ГА	
TYPE OF SUBMISSION TYPE OF ACTION						
X Notice of	Intent DEC	Abandonment		Change of Plans	-	
Subseque	at Report	Recompletion Hugging Back		New Construction Non-Routine Fracturin	ıe	
	UU APR 2	2 4 1995. Casing Repair		Water Shut-Off		
☐ Final Ab	andonment Notice	Altering Casing Other CASING REPAIR	CEMENT	Conversion to Injectio	n .	
	OHT do	M. DIV.	· · · · · · · · · · · · · · · · · · ·	Dispose Water (Note: Report results of multiple Completion or Recompletion Re		
13. Describe Proposed or Congive subsurface locat	spleted Operations (Clearly state IVI) ions and measured and true vertical d	reheracitails, and give pertinent dates, including estimate the for all markers and zones pertinent to this work.	ted date of starting any	proposed work. If well is d	irectionally drilled,	
	Section and section is a section of the	·				
HOLES	SINITHE 1-1/2" PRC	DDUCTION CASING HAVE BE	EN EOUND	INI THE INITES	N/AIC OF	
		DOCTION CASING HAVE BE D 2,704'. COMMUNICATION				
	EEN ESTABLISHED.	2	, DET WEEK	111202110220	(DEI III VD	
				• •	,	
		CEMENT RETAINER AT ±	•			
		OLES 2,674' TO 2,704' AND CEMENT AND CEMENT RETA				
		ON PERFORATIONS 5,972' TO				
	O PRODUCTION.	741 EM GNATIONS 3,372 TO	o 0,00 + . 11	IL VVLLL VVICL	. ITILIN DL	
	L APPROVAL OF T	HIS WAS RECEIVED FROM K	CEN TOWNS	SEND AT 11:0	5AM ON	
4/6/95.	•					
14. I hereby certify that the fe						
Signed Signed	Acceptant is true and correct		TENDENT	Date APRIL (6, 1995	
(This space for Federal of	r State office use)					
(This space for Locality			**	(P) (200) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P		
Approved by		Tide		Poste RO	AED	
. ,	any:	Tide		Date H U	VED	

NMOCD

*See instruction on Reverse Side