Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEME		Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SEAIAL NO. SF 079549
SUNI	ORY NOTICES AND REPORTS  orm for proposals to drill or to deepen or plus Use "APPLICATION FOR PERMIT—" for such	ON WELLS g back to a different reservoir. a proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS G			7. UNIT AGREEMENT NAME
WELL X WELL OTHER  2. NAME OF OPERATOR			NONE 8. FARM OR LEASE NAME
JOSEPH B GOULD			PHILLIPS
3. ADDRESS OF OPERATOR			9. WELL NO.
430 So. 3rd St. LAS VEGAS, NV 89101 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			Listed below 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			
All wells	are located in Sec. 32	2, T. 25N.,R.3 W	11. SHC., T., E., M., OR BLK. AND SURVEY OR ARMA
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE RIO ARRIBA NM
16.	Check Appropriate Box To Indicate	Nature of Notice Report or C	Other Data
		• •	ENT REPORT OF:
TEST WATER SHUT-OF		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)(Norg: Report_results	of multiple completion on Well
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	unlined water pits  completed operations (Clearly state all pertit well is directionally drilled, give subsurface to	nent details, and give pertinent dates, ocations and measured and true vertica	
	Work to be performed o	J	•
PHILLIPS 32-	1; PHILLIPS 32-2; PHILI	IPS 32-3; PHILLIPS	32-4; PHILLIPS 32-5;
PHILLIPS 32-	6; PHILLIPS 32-7; PHILL	IPS <b>32-</b> 9	
oil saturate	closing of all unlined d soil will be land far carbins down to accepta	rmed on location and	e locations. All treated with bacteria
All burms an	water will be piped to d fences will be rebuil ll be removed from loca	t and repaired as nations and disposed	eeded. of properly.
	7 fpt	s avent clos	sed now this
		RECEIT	
		AUG = 5 199	93
		OIL CON.	DIV.
18. I hereby certify that John Shipley	the foregoing is true and correct (Agent for J. B Gould)		
SIGNED	TITLE	,ottotaov rampor	DATE <u>8-2-93</u>
(This space for Feder	ral or State office use)		
APPROVED BYCONDITIONS OF AP	PROVAL, IF ANY:		DATE

## \*See Instructions on Reverse Side