Form 3160-5 / LIMITED STATES SUBMIT IN TR	Form/approved. Budget Bureau No. 1004-0135
(November 1983) (Other instruction of the instructi	IPLICATE® Funites August 21 1005
(Formerly 9–331) WEPARIMENT OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT	N.M. 53171
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLSCELL	450
(Do not use this form for proposals to drill or to deepen or plug back to a different reset use "APPLICATION FOR PERMIT—" for such proposals.)	Room
i. OIL CAS WELL OTHER OTHER OTHER	7. UNIT AGREEMENT NAME
WELL X CAS WELL OTHER FARMUS	1:03 8. FARM OR LEASE NAME
2. NAME OF OPERATOR ROZE O'L Co. 3. ADDRESS OF OPERATOR	CFADE Chase Lease
3. ADDRESS OF OPERATOR	FYINGA 9. WILL NO.
	Chase #1
130 X 2678 FARMINGTON N. M. 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	10 FIELD AND POOL OR WILDCAT
At surface 11 below.) At surface 36 Miles NORTH OF CUR	BA. TUERTO Chiquita - EAST
See also space 17 below.) At surface ND/4 NE/4 65C. 4 T. 25N RIE RIO ARRIBA COUNTY 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	SURVEY OR AREA. AND
6BC. 4 T. 250 RIE N.M. 112	NAHWELY 5. 4 T 25N R. 1
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	KIO ARRIBA WM.
16. Check Appropriate Box To Indicate Nature of Notice Re	Other Deter
Cireck Applophicie Box to indicate transic of fronce, in	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OF	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREAT	
BHOOT OR ACIDIZE ABANDON* BHOOTING OR AC	ABANDONABNI
(Note: Re	eport results of multiple completion on Well n or Recompletion Report and Log form.)
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give per proposed work. If well is directionally drilled, give subsurface locations and measured and 	
PROPOSE TO give well Chemical FR AND START PRODUCING. IF WELL I'S NOT TO BE COMMERCIALY FEASABLE, WILL APP TO PLUG. WORK CAN BE STARTED IN	LY FOR PERMISION
18. I hereby certify that the foregoing is true and correct	DIST. 3
SIGNED WIK HAND TITLE Ugent	DATE 3-15-88
(This space for Federal or State office use)	製造を行び
APPROVED BY TITLE	DATE - 1982
CONDITIONS OF APPROVAL, IF ANY:	WAR
· ·	all
*See Instructions on Reverse Side	AN A MANAGER AND V

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department are agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.