Form 3160-5 (November 1983)

SUBMIT IN TRIPLICATES (Other instructions on re-

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1085

(Formerly 9-331)	BUREAU OF LAND MA			78914
SUND (Do not use this fo	RY NOTICES AND R orm for proposals to drill or to de use "APPLICATION FOR PERMI"	EPORTS DE VOLS (eepen or plug back to a different re- " for such proposals.)	e.V.oED 6. IF IND	IAN, ALLOTTEE OB TRIBE NAME
OIL GAB X	OTHER		Lind	rith Unit
2. NAME OF OPERATOR	1 Paso Natural Ga	BUREAU OF LAND MAI AS COMPARMYNGTON RESOU	NAGEMENT Lind	or lease name rith Unit
3. ADDRESS OF OPERATOR P	ost Office Box 42	289, Farmington, NM	87499 116	NO.
4. LOCATION OF WELL (Rep. See also space 17 below	ort location clearly and in accord	ance with any State requirements.	10. FIELD S. B	TAND POOL, OR WILDCAT T. R., M., OR BLK. AND 26, 1-24-N, R-2-W P. M.
14. PERMIT NO.	15. ELEVATIONS (S	how whether DF, RT, GR, etc.) 7221 GL		Arriba NM
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPUSED OR CO	PULL OR ALTER CASIS MULTIPLE COMPLETE ABANDON* CHANGE PLANS Spudded well a jts. 8 5/8", 2 Cemented with 3% calcium chl	FRACTURE TE SHOOTING OR (Other) (NOTE:	REPORT SPUE WE SPUE WE REPORT TESTING SPUE WE REPORT RESULTS of multiple tion or Recompletion Report pertinent dates, including early true vertical depths for the casing set a with 1/4#/sk). Circulated	ecompletion on Well tand Log form. to 150'. Ran 3 t 140'. gel flake and to surface.
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18. I hereby certify that the foregoing is true and correct	Drilling Clerk		9-4-85
(This space for Federal or State office use)	TITLE	DATE	23 RESCHO
APPROVED BY	TITLE	DATE	095
*s	ee Instructions on Reverse Side	FARman	MEDIUNDE AREA