Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
30-039-06285 NM-01806

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
| OIL WELL ☐ | GAS WELL ☒ | OTHER |

7. UNIT AGREEMENT NAME

2. **NAME OF OPERATOR**
WESTERN OIL AND MINERALS, LIMITED

8. FARM OR LEASE NAME
GARDNER

3. **ADDRESS OF OPERATOR**
P. O. DRAWER 1228, FARMINGTON, NEW MEXICO 87499-1228

9. WELL NO.
#1

4. **LOCATION OF WELL** (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1800' FEL AND 1850' FSL

10. FIELD AND POOL, OR WILDCAT
GAVILAN PICTURED CLIFFS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29 - 26N-2W

14. **PERMIT NO.**

15. **ELEVATIONS** (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH RIO ARRIBA **13. STATE** NEW MEXICO

16. _____ Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) LONG TERM SHUT-IN STATUS ☒	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) _____	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

THIS IS A REQUEST FOR A LONG TERM SHUT IN STATUS.

THIS APPROVAL EXPIRES NOV 01 1992

18. I hereby certify that the foregoing is true and correct

SIGNED _Thomas J. Smith_   TITLE AGENT

APPROVED

DATE 10-30-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL IF ANY:

DATE NOV 01 1991

FARMINGTON RESOURCE AREA

*See instructions on Reverse Side

NMOCD