

Form 3160-5
(November 1983)
(Formerly 9-337)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ 90 FEB -8 AM 8:19

2. NAME OF OPERATOR
Southern Union Exploration Company

3. ADDRESS OF OPERATOR
324 Highway US64, NBU3001 Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface: 1850'/S and 1850'/W
at top production: interval: same as above
at total depth: same as above

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7061' GR

5. LEASE DESIGNATION AND SERIAL NO.
Contract #104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "E"

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22, T26N, R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba 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) resume production

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.)*

Repair have been made and well is now ready to resume production

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

SIGNED

Martin Eggs
Martin Eggs

TITLE

Drilling & Production Supt

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Chief, Bureau of
Mineral Resources
Bureau of Land Management

*See Instructions on Reverse Side