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

UNITED STATES UNITED STATES SUBMIT IN TRIPLICATES O(Other instructions on reverse side)

Form approved.

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

5. LEASE DESIGNATION AND SELIAL NO.

BUREAU OF LAND MANAGEMENT			SE-080136 & F	SF-080136 & Fee	
SUNDRY NOTICES AN (Do not use this form for proposals to drill use "APPLICATION FOR			6. IF INDIAN, AMOTTEE (IKAK SEIST SC	
1.		91 JAN 23	7, UNIT AGREEMENT NAME		
WELL A OTHER			SCR-128		
2. NAME OF OPERATOR VISTARIANS Kimbell Oil Company of Texas			B PARM DIVINABE NAME	B PARIS DE LEASE NAME	
S. ADDRESS OF OPERATOR	pany of lexas	v e	Coral Com		
P 0 Roy 1007	Farmington, NN	1 87499	9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in See also space 17 below.) At surface	accordance with any S	state requirements.	10. FIELD AND POOL, OR V	VILDCAT	
Unit Letter 'M', 790' FSL & 970' FWL				11. SEC., T., R., M., OR BLE, AND	
Sec. 27, T25N, R6W			Sec 27, T25N, R	-GM	
14. PERMIT NO. 15. ELEVAN	nons (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 1		
6	354 GR		Rio Arriba	NM	
16. Check Appropriate	Box To Indicate No	ature of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF PULL OR ALTE	CR CASING	WATER SHUT-OFF	BEPAIRING WEL	L	
FRACTURE TREAT MULTIPLE CO	MPI.ETE	FRACTURE TREATMENT	ALTERING CASIS	No	
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZING	ABANDON MENT*		
(Other)	8 —	(Other) refrac	a of multiple completion on	Well	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cle proposed work. If well is directionally drilled, nent to this work.)	arly state all pertinent give subsurface location	Completion or Recom- details, and give pertinent dates ons and measured and true vertice	is of multiple completion on pletion Report and Log form. s, including estimated date of cal depths for all markers an	f starting any	
Average treatin ISIP: 2030 psi flowed back thr 12-12 to 12-19-90 - total fl	g pressure; 25 10 mins.: 1 ough 1/4" chok ow back time 1	n and 181 Bbls. clea 500 psig, max. 2610 784 psi 15 mi se until dark (appro 15 hours. through 1/ s due to holidays an	psig ns.: 1755 psi ox. one hour) 4" and 1/2" choke		
12-26-90 - well flowed to sa	les meter.				
Dec.		APROE	IVED		
				e.*	
en e	•	OIL COA	DIV.		

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8. I hereby certify that the foregoing is true and con		luction Superintende	DATE		
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	ACC	EPTED FOR RECOV	RD	
The second secon	e e e e e e e e e e e e e e e e e e e		APR 02 1991		

*See Instructions on Reverse Side NMOCD