Form 3160-5		en eritee		Form approved. Budget Bureau I	No. 1004-0135	
Acvember 1933) Formerly 9-331)		ED STATES OF THE INTERI	OR verhe side)	Expires August 5, trans Designation		
,	_ _ - · · ·	LAND MANAGEMENT			NM 03381	
CLIN	DDY MOTICES	AND PEPORTS (ID REPORTS ON WELLS		OR TRIBE NAME	
(Do not use this	form for proposals to	fritt or to deepen or plug b	ack to a different reservoir.			
	Use "APPLICATION I		ECEIVE	7. UNIT AGREEMENT NA)(E	
OIL GAR WELL	¥ OTRES	ĭ (ECEIVEL	'		
2. NAME OF OPERATOR	<u> </u>		"UG 0 1 1985	8. FARM OR LEASE NAM	2	
		s Oil Company			Breech "B"	
3. ADDRESS OF OPERATOR		FAR!	MINGTON RESOURCE ARE	A 170 F	: .	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				172-E	WILDCAT	
See also space 17 bel At surface	See also space 17 below.) At surface				- Basin Dakota	
890' F/S and 990' F/W				11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO.	15. BLEVATIONS (Show whether DF, RT, GR, etc.)			Section 7, 26N 6W		
11, 12,001		6496	· · · · · · · · · · · · · · · · · · ·	Rio Arriba		
16.	Cl 1 A				New Mexico	
			ature of Notice, Report, or			
	NOTICE OF INTENTION TO	·:	1	EQUANT REPORT OF:	$\overline{}$	
TEST WATER SEUT-O	 - 	ALTER CASING	WATER SHUT-OFF	M ONIBIATES		
FRACTURE TREAT	ABANDON	E COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CA	<u> </u>	
REPAIR WELL	CHANGE		(Other) Changing	Tubing size and		
(Other)			(NOTE: Report resu	its of multiple completion (appletion Report and Log for	nn Well	
nent to this work.)			lons and measured and true ver esa Verde Production		,	
/-20-83	rulleu 2 1/1	o labing for he	iba yezae izeaaeze.	•		
7-21-85	Pulled 2 1/1	ota Zone with Packe	er.			
	Ran 1 1/4" E	ng to 7242' with Pa	Packer set @ 6919'.			
	Baker Revers	se Flow Check Val	ve installed immedi	ately above Pack	er.	
				Section 1. The section of the sectio		
			R	ECELVE		
				AUG 0 7 1985	to de la companya de	
	v. r.	,	O.	L CON. DIV.		
				DIST. 3		
				5.01. 3	*	
18. I hereby certify that	the foresping is true a	nd correct	·		······································	
SIGNED _	estes E. Os	MU TITLE	Superintendent	DATE	7-29-85	
(This space for Fede	ral or State office use),	/		ACCEPTED FOR	KEUUKU	
APPROVED BY		TITLE			19.5	
CONDITIONS OF A	PPROVAL, IF ANY:				, 🔾 🔾	
		*		FARMINGTUN RESUL	INUE AKÉA	
		*See Instruction	DCC on Reverse Side	BY. Sin		