Form 3160-5 (November 1983) (Formerly 9-331)	DEPART	UNITED STA MENT OF TH U OF LAND MA	E INTERIOR	SUBMIT IN TRIPI (Other instructions verse side)	LICATE*	5. LEASE DESIGNATION SF 078621 A	1 No. 1004-0135 st 31, 1985 N AND SERIAL NO.
		ICES AND R		to a different reservoisels.)	r.	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME
OIL GAS WELL	X OTHER	(Shut In)	Ø,	No.		7. UNIT AGREEMENT N	AME
2. NAME OF OPERATOR			10 10 10 10 10 10 10 10 10 10 10 10 10 1	. 0		8. FARM OR LEASE NA	/KE
		y of Califor	nia 🤼	C U M		Federal	
3. ADDRESS OF OPERATO	_					9. WELL NO.	
P. O. Box 2620 - Casper, WY 82602-2620						1 (H-24)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface					6,7	10. FIELD AND POOL, OR WILDCAT	
at surrec	1730'	FNL & 1060'	FFI. (SF NF)	S. S. S.	\ \mathcal{O}_{\circ}\right _{\text{-}}	Basin Dakot	
	1750	INL & 1000	FEE (SE NE)	CACK		SURVEY OR ARE	A
				TANK.		Sec. 24, T.2	5พ ค.11น
14. PERMIT NO.		15. BLEVATIONS (S	how whether DF, RT,	GR, etc.)		12. COUNTY OR PARIS	
			6508'	GR		San Juan	New Mexico
16.	Charle A.	neanuata Ray Te	Indianta Nati	re of Notice, Repo	O		
			, indicate 14010	re or Honce, Kepo			
	NOTICE OF INTEN	TION TO:			SUBSEQUE:	NT REPORT OF:	
TEST WATER SHUT-)FF	PULL OR ALTER CASI	'G	WATER SHUT-OFF		REPAIRING	WELL
FRACTUBE TREAT		MULTIPLE COMPLETE		FRACTURE TREATME	NT	ALTERING (CABING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZ		ABANDONME WELL HISTOR	
REPAIR WILL	٠ اــا ،	CHANGE PLANS				f multiple completion	
(Other)	R COMPLETED OPE	RATIONS (Clearly Sta	te all pertineut de	Completion or	Recorniat	ion Report and I am de	\
8-5/8"	well is direction TD; 6140': @ 723' w/: @ 6177.67	PBTD 510 sx	ubsurface locations	and measured and t	d) e i M	JG 2 = 1985	zones perti-
7-8-85	5.# Pl 1					CON. DIV. DIST. 3	
at 400	0%. Bled $0%$	tubing pres 6 swab runs	sure to U# and recover	. Rigged up ed 11 bbls. o	swab u f water	unit and four . SION.	nd F.L.
RIH w	ith swab.		L. at 430	: 270#). Ble O'. Swabbed . SION.			
7-10-8 SITP 4 unit,	70#. Open made 4 rui	ed well to	sales pipe overed 3 bb	line and mark ls. of water.	ed cha . Rigg	rt. Rigged w ged down swab	ıp swab o unit.

Shut in well.

Evaluating.

18. I hereby certify that the foregoing is true and correct		
SIGNED RG. Ladd, Jr.	TITLE District Drilling Supt.	DATE 7-24-85
(This space for Federal or State office use)		MODEL TED TON NEGURD
APPROVED BY	TITLE	P4MU G 0 1 1985
*Se	e Instructions on Reverse Side	FAKININGTUN REGOURGE AREA BY. SMM