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

UNITED STATES

SUBMIT IN TRIPLICATES

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

November 1983) Formerly 9-331) DEPARTMENT OF TI	HE INTERIOR (Other Instructions on I	5. LEASE DESIGNATION AND SERIAL NO. NM 37910
BUREAU OF LAND MANAGEMENT		6. IF INDIAN, ALLOTTER OR TRIBE NAME
SUNDRY NOTICES AND (Do not use this form for proposals to drill or to use "APPLICATION FOR PERM	REPORTS ON WELLS deepen or plug back to a different reservoir. IT—" for such propossis.)	,
OU		7. UNIT AGREEMENT NAME
WELL WELL X OTHER NAME OF OPERATOR	8. FARM OR LEASE NAME	
Chevron U.S.A. Inc., Room 11111		San Juan R Federal
. ADDRESS OF OPERATOR		9. WELL NO.
P. O. Box 599, Denver, Colorado	#1 10. FIELD AND POOL, OR WILDCAT	
LOCATION OF WELL (Report location clearly and in account See also space 17 below.)	Gallegos Fruitland Pictured	
At surface	11. BEC., T., R., M., OR BLE. AND Cliffs	
2,080' FNL & 2,140' FEL		SURVEY OR ARMA
		S. 12-T26N-R12W
PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE
5,994'	GL	San Juan New Mexico
6. Check Appropriate Box	To Indicase Nature of Notice, Report, o	r Other Data
NOTICE OF INTENTION TO:		REQUENT REPORT OF:
	SING WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF PULL OR ALTER C. FRACTURE TREAT MULTIPLE COMPLI		ALTERING CASING
SHOOT OR ACIDIZE ABANDON*.	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)	Wall
(Other) Well Status	[A] Completion or Reco	sults of multiple completion on Well ompletion Report and Log torm.)
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, given nent to this work.) 	state all pertinent details, and give pertinent de e subsurface locations and measured and true ve	ates, including estimated date of starting any ritical depths for all markers and zones perti-
to current gas market condition ED 00000000000000000000000000000000000	On the second se	VOV 0 4 1987 015.3 01V 6 - BLM 1 - EEM 1 - JTC 1 - Cent. File
18. I hereby certify that the foregoing in true and corre	Office Assistant	1 - File October 22, 1987
SIGNED JOULEN	TITLE OTTICE ASSISTANT	раты
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITUE	DATEN MASON
COMPILIONS OF MILKOIRD, IN WALL		
, <u>`</u>	*See Instructions on Reverse Side	