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

TEST WATER SHUT-OFF

9-1-85

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

ن

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other Instructions on re-UNITED STATES

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Form approved. Budget Bureau No. 1004-0135

Expires August 31, 1085 5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

BANDONMENT\*

SE 0805164

BUREAU OF LAND MANAGEMEN	SF 080516A
LINDRY NOTICES AND REPORTS ON WELL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL GAS	proposals to drill or to deepen or plug back to a different reservoir populication for permit—" for such proposals), p	San Juan 28-5 Unit
2. NAME OF OPERATOR  E1 Pa	FARMINGTON RESOURCE ARE,	NT San Juan 28-5 Unit
3. ADDRESS OF OPERATOR Post	Office Box 4289, Farmington, NM 8749	A 9. WELL NO.
<ol> <li>LOCATION OF WELL (Report local See also space 17 below.)</li> </ol>	FNL, 1495 FWL	S. Blanco PC & MV  11. SBC., T., R., M., OR BLK. AND Sec. 20, 1-28-N, R-5-W N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether Dr. RT. GR. etc.)  6644 GL	12. COUNTY OF PARISH 13. STATE Rio Arriba NM

(Norr: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)

> Spudded well at 2:30 p.m. 9-1-85. Drilled to 230'. jts. 9 5/8", 32.3#, H-40 surface casing set at 225'. Cemented with 125 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (148 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

WATER SHUT-OFF

(Other) \_

FRACTURE TREATMENT

SHOOTING OR ACIDIZING



Spud Well

8. I hereby certify that the foregoing is true and correct SIGNED COGAL	TITLE Drilling Clerk	DATE	9-4-85
(This space for Federal or State office use)  APPROVED BY	TITLE	DATE	625
CONDITIONS OF APPROVAL, IF ANY:		DATE OF STATES	in hu

\*See Instructions on Reverse Side