Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTMENT C	STATES OF THE INTERIOR OF MANAGEMENT	SUBMIT IN TRIPLICA OR (Other instructions on OR verse side)		au No. 1004-0135 ast 31, 1985 ON AND SERIAL NO.	
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)					6. IF INDIAN, ALLOTTER OR TRIBE NAME	
OIL GAS WELL WELL	☐ <sub>X</sub> offer			7. UNIT AGREMENT	NAME	
2. NAME OF OPERATOR	Cauth land Da		8. FARM OR LEASE NAME			
3. ADDRESS OF OPERATO		yalty Compar	19	Hanks 9. Wall No.		
4. LOCATION OF WELL (I See also space 17 bel	Post Office Report location clearly and iow.)	10. FIRLD AND POOL,	OR WILDCAT			
At surface	990'N, 990'W	11. BBC., T., B., M., O	Fulcher Kutz PC			
RECEIVI	ED	Sec.12,	Sec.12, T-27-N, R-10-V N.M.P.M.  12. COURTY OR PARISH 13. STATE			
14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.)						
MAR_0 2_19	- <del></del>		139 'GL	San Jua	n NM	
BUREAU OF LAND MAN FARMINGTON RESOU	Check Appropriate  VAGEMENT  NOTICE OF INTENTION TO:	Box to indicate No	iture of Notice, Report, c	or Other Data		
FARMINGTON RESCUI		ER CASING	WATER SHUT-OFF	REPAIRING	WELL.	
FRACTURE TREAT	MULTIPLE CO	<del></del>	FRACTURE TREATMENT	ALTERING		
SHOOT OR ACIDIZE	ABANDON®		SHOOTING OR ACIDIZING	ABANDONE	IBNT*	
(Other)	CHANGE PLANS (Other)  (Other)  (Other)				of multiple completion on Well letion Report and Log form.)	
rock b plug a Set ce neat c outsid (976') sx (29 casing	it and drill of t 1100' and driment retainer ement w/2% cale casing from . Fill hole 9.2 cu.ft.) Cla	out 100' plugill out to 1 @ 926' and socium chlorid 1136' to 926' to 200' ass "B" neat abandonment		/2" casing. " te two holes ( (241 cu.ft.) ( er to cover in  and (1136') as  .2# gel mud.	Tag bottom @ 1186'. Class "B" nside and nd Ojo Alamo Deadhead 25	
18. I hereby certify that	the foregoing is true and, c		illing Clerk ((	Design	03-01-88	
(This space for Fede	ral or State office use)			WATER	1010	
APPROVED BYCONDITIONS OF AF	PROVAL, IF ANY:	TITLE		DATE	<del> </del>	
			on Reverse Side  Official or state of the second of the se			

