Form 3160-5 6 BLM, Fmn	1 DE 1 File	SUBMIT IN TRIPLICATE®	Form approved. Budget Bureau No. 1004-0/35
	ENT OF THE INTER	(Oab 1	
BUREAU OF LAND MANAGEMENT			NM 12030
CUNIDRY MOTIO	TES AND REPORTS	ON WHITE ED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS EV (Do not use this form for proposals to drill or to deepen or plug back to a discount resolution for PERMIT—" for such proposals.)			
	TON FOR PERMIT—" for such p	// IOU OO	7. UNIT AGREEMENT NAME
OIL GAS	Q A 2 CT	7 MOV 30 AM 9: 01	
WELL WELL OTHER  NAME OF OPERATOR	P & A	MINGTON PESCUIPES AREA	8. PARM OR LEASE NAME
JEROME P. McHUGH  FARMINGTON RESOURCE AREA FARMINGTON, HEW MEXICO			Nassau
3. ADDRESS OF OPERATOR			9. WHEL NO.
P O Box 809, Farmington	n, NM 87499		6
4. LOCATION OF WELL (Report location cle See also space 17 below.)	arly and in accordance with any	State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface			1
820' FNL - 1130' FEL			11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA
			Sec. 36, T27N, R12W, NMPh
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6023' GL		San Juan NM
	D T 1 1: ( )	Alana (Nation Barata and	
•••	•	Nature of Notice, Report, or C	
NOTICE OF INTENT	ION TO:	203524	UBNT REPORT OF:
TEST WATER SHUT-OFF	CLL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
	ULTIPLE COMPLETE XX	FRACTURE TREATMENT	ALTERING CASING
		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CI	HANGE PLANS	(Other)(Note: Report results	of multiple completion on Well letion Report and Log form.)
17 - WACALER WACANGER OR COMPLETED OPER	ATIONE (Clearly state all pertiper	ut details and give pertinent dates	
Cement from to Cut off casin Remove trash Restore and to of the sur	ng 4' below ground in anchors, equipment reseed location and face management agent	43 sx class "B" cemer level and set dry hole t and fill pits. road in accordance wincy.	e marker. Lth requirements
Pince	coment clown be	rick side from 0-13	, D
			10 6 0 P
			DEC 02 1987
		•	000
			DEC 02 1987
			OIL CON. DIV.
			DICT. DIV.
			DIST. 3
18. I hereby certify that the threeting is	true and correct		& DODOVED
SIGNED Am 19		Field Supt.	DATE MEW/87
(This space for Federal or State office	Hazen : use)		THE MUED
			Mayne a 1000
CONDITIONS OF APPROVAL, IF AN	TITLE		(1)00 (1) )
		15	DEA MANAGER
LL		100 R	AT INTO INTO INTO INTO INTO INTO INTO INT
ev -	*See Instruction	is on Reverse Side	

\*See Instructions on Reverse Side