| Form 3160-5<br>(Noven per 1983)<br>(Formerly 9-331)  |                                  |                    | TATES<br>THE INTERI |  |  |  |
|--|----------------------------------|--------------------|---------------------|--|--|--|
| (Do not use  |                                  | namela to defil or | REPORTS (           | ack to a different reservoir.  | d. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |  |
| OIL CAS X OTHER  |                                  |                    |                     |  | 7. UNIT AGREEMENT NAME   |  |
| 2. NAME OF OPERATO BRECK OPE   | 8. FARM OR LEASE NAME Marron "A" |                    |                     |  |  |  |
| 3. ADDRESS OF OPER   | 9. WELL NO.<br>1-J               |                    |                     |  |  |  |
| P. O. Box 419 Farmington, New Mexico 87499  i. Location of Well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  |                                  |                    |                     |  | 10. FIELD AND POOL, OR WILDCAT South Blanco PC                     |  |
| 1450'FSL, 1850'FWL   |                                  |                    |                     |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T27N-R8W. |  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |                                  |                    |                     |  | 12. COUNTY OR PARISH 13. STATE                                     |  |
|  |                                  | 6712'0             | <del></del>         |  | San Juan N.M.  |  |
| 16.  | Check                            | • •                | x To Indicate N     | lature of Notice, Report, or C   | Other Data UENT REPORT OF:   |  |
| TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*  REPAIR WELL CHANGE PLANS  (Other)  "17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface locationed to this work.)* |                                  |                    |                     | water shut-off  Fracture treatment  Shooting or acidizing  (Other)  (Note: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)  details, and give pertinent dates, including estimated date of starting and long and measured and true vertical depths for all markers and zones pertinents. |  |  |
|  |                                  | :<br>Well was o    | ff more than        | . 90 days  |  |  |
|  | - <b>(</b> ,                     | OFF:               | 2/26/88             | ₹ (E)  | SELAL WELL   |  |
|  |                                  | On:                | 5/4/89              |  |  |  |
|  |                                  |                    |                     |  | N1 1 (3)()   |  |
|  |                                  |                    |                     | Oli Cont. Div  |  |  |
|  | 0.00<br>40.00<br>40.00           |                    |                     | (1)  | est. 3   |  |
|  |                                  | ING CORPORA        |                     |  | -L   |  |
| 18. I hereby certify   | that the foregoin                | Della corr         | ect F               | Production Clerk, Wals<br>Engr. & Prod. Corp.  | 5/5/89   |  |
| (This space for  | RUCH E. R                        | office use)        |                     | ii.  | TESTER FOR RECOVE  |  |
|  |                                  |                    |                     |  |  |  |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any take, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instructions on Reverse Side

PARamorou nesounde antil

TITLE \_

NWOCD