Form 3160-5 November 1983)	UNITED STATES ARTMENT OF THE INTERIO	SUBMIT IN TRIPLICATE* (Other instructions on re-	Budget Bureau No. 100 Expires August 31, 190 5. LEASE DESIGNATION AND SEE	85	
Formerly 9-331) DEP	ARIMENT OF THE INTERN UREAU OF LAND MANAGEMENT	Olf Acting many	NM-33035		
	NOTICES AND REPORTS C	DE Oraci	6. IF INDIAN, ALLOTTEE OR TRI	BE NAME	
(Do not use this form for	proposals to drill or to deepen or plug be PPLICATION FOR PERMIT—" for such pr	ack to a different reservoir.	1N/A		
Use A	87	DEC-8 ANIO. II	7. UNIT AGREEMENT NAME		
OIL CAS G	THER	Mozen	N/A 8. FARM OR LEASE NAME		
2. NAME OF OPERATOR	FAR	MINGTON RESCURCE AREA	/ Campbell		
BK Petroleum, B. ADDRESS OF OPERATOR	Inc.	- AFXICO	9. WBLL NO.		
- a B 004	Farmington, NM 87499	GA- As - secules montg \$	1 10. FIELD AND POOL, OR WILDO	CAT	
 LOCATION OF WELL (Report lo See also space 17 below.) 	WAW Pictured C	liffs			
At surface 990' Fl	NL, 1650' FWL		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
			0 mazn D12	IJ	
	15. ELEVATIONS (Show whether DF.	RT. GR. etc.)	Sec. 9, T27N, R13	ITATE	
14. PERMIT NO.	GR 5957'		San Juan		
API #20-045-24599	eck Appropriate Box To Indicate N	lature of Notice, Report, or (Other Data		
	eck Appropriate box to indicate to	AUBBER	UBNT REPORT OF:		
	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
TEST WATER SHUT-OFF FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*		
REPAIR WELL	CHANGE PLANS	(Other)	its of multiple completion on Well apletion Report and Log form.)		
(Other)	ETED OPERATIONS (Clearly state all pertinens directionally drilled, give subsurface loca		a do oto of a	tarting any zones perti-	
to surfa	ing its 2 7/8" casing from ace with 38 sacks of Class con dry hole marker will b	B cement Aerrorus r	.16 Gu. 10/5dex		
			·		
		i dag			
			L _C .		
		· ·	no The Start of	J.	
		•			
			Line 2 to Ve		
			· ·		
			ty series a la communication constitues son		
			APPRAVE	n	
18. I hereby certify that the fo	oregoing is true and correct			10.77	
SULVED SIMMIN	TITLE	Office Manager	DATE /2/1/	87	
(This space for Federal or	State office use)		DEC 16300	2	
	TITLE	(PATE 10-198	lux &	
APPROVED BYCONDITIONS OF APPROV			Jamere a		
	· C	/	AND MANAGER	4500	
al	*See Instructio	ns on Reverse Side	The state of the state of the state of the state of		