Form 3160-5 June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED				
Budget Bureau No. 1004-0135				
Expires: March 31, 1993				

5. Lease Designation and Serial No.

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Do not use this form for proposals to duse "APPLICATION FO	6. If Indian, Allottee or Tribe Name	
	T IN TRIPLICATE 93 JAN 11 AM 9:0	7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas Well Well Other 2. Name of Operator	OIS PANMINGTON,	8. Well Name and No. HANCOCK #11
LOUIS DREYFUS NATURAL GAS C 3. Address and Telephone No.		9. API Well No. 30-045-28838
14000 Quail Springs Parkway 4. Location of Well (Footage, Sec., T., R., M., or Survey)	, Suite 600, Oklahoma City, OK 7313	4 10. Field and Pool, or Exploratory Area
1851' FSL & 1088' FWL NW SW	Basin Fruitland Coal 11. County or Parish, State San Juan Co., NM	
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REF	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	on
Notice of Intent Subsequent Report	Abandonment Recompletion Plugging Back	Change of Plans New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing XX OtherCompletion	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
 B. Pressure test 5-1/2" OD C. Perforate Fruitland Coal D. Stimulate Fruitland Coal gel, 5000# 40/70 sand, 3 E. Flow well back. 	zone 1550 to 1560' with 4 SPF. zone with ± 22,500 gals. 70 quality 35,000# 20/40 sand.	J
F. Run ± 1550' 2-3/8" OD, 4 G. Produce well.	1.7#, J-55 tubing for production.	OIL CON. DIV.
14. I hereby certify that the foregoing is true and correct Signed	Title Engineer	DIST. 3 Date 1/8/93 Date
Conditions of approval, if any:	NMOC D	APPROVED

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 false, fictificus or fraudulent statements or representations as to any matter within its jurisdiction. *See Instruction on Reverse Side