Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM	APPR	OVED
Budget Bure	eau No.	1004-013
Expires:	March	31, 1993

nd Serial No.

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	S AND REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name	
o not use this form for proposals to o Use "APPI ICATION FO	drill or to deepen or reentry to a different reser OR PERMIT—" for such proposals	voir.	
		7. If Unit or CA, Agreement Designation GALLEGOS CANYON UNI	
	T IN TRIPLICATE	GALLEGOS CANION UNI	
Type of Well Oil Sas		8. Well Name and No.	
Well Gas Other Name of Operator		8. Well Name and No.	
- 121K022011 (1212012011)	INC.	30-045-08002	
Address and Telephone No. D. BOX 977 FARMINGTON, N	NEW MEXICO (505) 327-1639	W. KUTZ PICTURED CLIF	
Location of Well (Footage, Sec., T., R., M., or Survey 780' FSL AND 1450' FWL	Description)	11. County or Parish, State	
/SW SEC.20, T29N, R12V			
		SAN JUAN, NEW MEXIC	
CHECK APPROPRIATE BOX	((s) TO INDICATE NATURE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF AC	CTION	
Notice of Intent	Abandonment	Change of Plans	
	Recompletion	New Construction Non-Routine Fracturing	
Subsequent Report	Plugging Back Casing Repair	Water Shut-Off	
Final Abandonment Notice	Alterida INFORMATION	Conversion to Injection	
give subsurface locations and measured and true ver		Completion or Recompletion Report and Log for of starting any proposed work. If well is directionally dri	
give subsurface locations and measured and true ver	e all pertinent details, and give pertinent dates, including estimated date of rtical depths for all markers and zones pertinent to this work.)* WELL. THE PRODUCTION FOR THE	(Note: Report results of multiple completion on W Completion or Recompletion Report and Log fort of starting any proposed work. If well is directionally dri	
give subsurface locations and measured and true ver TELL NO. 73 IS A ACTIVE OF 1995 HAS AVERAGED 73	e all pertinent details, and give pertinent dates, including estimated date or rical depths for all markers and zones pertinent to this work.)* WELL. THE PRODUCTION FOR THE MCF/D.	(Note: Report results of multiple completion on W Completion or Recompletion Report and Log fort of starting any proposed work. If well is directionally dri E 1st FOUR MONTHS AS SHUT IN.	
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