| Form 3160-5<br>(November 1983)<br>(Formerly 9-331)  | DEPARTM             | 1 File<br>JNITED STA<br>IENT OF TH<br>JOF LAND MA             | E INTERIO         |   |              | Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 S. LEANE DESIGNATION AND REELAL NO. 14-20-0603-10008 |
|---|---------------------|---|-------------------|---|--------------|---|
|   | form for proposa    | CES AND R   | reces or plus be  |   |              | Navajo  |
| 1.  | U⇔ "APPLICAT        | TION FOR PERMIT   | [ for such pro    | -88 FEB -9 PM 12:                                 | <u>55  </u>  | 7. ORTE MASSESSERT HAME   |
| OIL CAE WELL  Z. NAME OF OPERATOR   | OTEE                |   |                   | FARMINGTON RESOURCE                               | AREA<br>XICO | & FARM OR LEASE NAME  |
| Raymond T.  |                     |   |                   |   |              | North Hogback 6   |
| P.O. Box 20   | 8. Farmingt         | ton, NM 871   | 199               |   |              | 8   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space II below.)  At surface |                     |   |                   |   |              | 10. FIELD AND POOL, OR WILDCAT  |
| 1430' FSL - 8   | 880' FWL            | ·   | ·                 |   | f            | Slickrock - Dakota  11. sec. t., R., M., OR BLK. AND SURVEY OR AREA   |
| 14. PERMIT NO.  |                     | 15. ELEVATIONS (S   | bow whether or, i | T. (R. etc.)                                      |              | Sec. 6, T29N, R16W, NMPM  |
|   |                     | 4994' GR  |                   |   | -            | San Juan NM   |
| 16.   | Check App           | ropriate Box To   | Indicate Na       | ture of Notice, Report,                           | or Ot        | her Data  |
| •   |                     |   |                   |   |              | MT REPORT OF:   |
| TEST WATER SEGT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)   | M U                 | EL OR ALTER CASIN<br>ILTIPLE COMPLETE<br>ANDON®<br>ANGE PLANS | X                 |   | esults of    | ALTERING WELL  ALTERING CARING  ABANDONMENT®  ( multiple completion on Well  iou Report and Log form.)                  |
| Reque   | st permis           | sion to pl  | lug well          | as follows:                                       |              |   |
| 1.  | Pull rod            | s and tubi  | ing.              |   |              |   |
| 2.  | and sque            | eze into f  | formation         | 2, ST&C casing<br>using a total<br>total slurry 6 | of .         | 54<br>cf).  |
| 3.  |                     | around cas<br>evel (cult                                      |                   | cut off 4' bel<br>ield).                          | ow /         |   |
| 4.  | Weld 1/4            | " steel pl  | ate on c          | asing.  |              | FEA.  |
| 5.  | Backfill            | and resto   | re surfa          | ce.   |              | Dick Oly,   |
|   |                     |   |                   |   | <u></u>      |   |
|   | foregrather to true | s and correct   | ٨~                | an t  | Ì            | 7 E 00  |
| Sherm   | an E. Duga          |   | TLE Ag            | ent   |              | DATS 2-5-88   |
| (This space for Federal e   | e State effice un   | e)  |                   |   |              | FEB 1 1 1983  |
| APPROVED BY   |                     | TI  | TLE               |   |              | DATE  |
| CONDITIONS OF APPRO   | IVAL, DP ANY:       |   | NMOCC             | A   | en.          | AREA MANAGER ARMINGTON RESOLUTION   |

INIVIUUG "See Instructions on Reverse Side