FORM APPROVED Form 3160-5 Budget Bureau No. 1004-0135 (June 1990) Expires: March 31, 1993 **UNITED STATES** 5. Lease Designation and Serial No. NM 077282 DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** 6. If Indian, Allottee or Tribe Name SUNDRY NOTICES AND REPORTS ON WELLS 7. If Unit or CA. Agreement Designation Do not use this form for proposals to drill or to deepen or reentry to a different reservoir, Use "APPLICATION FOR PERMIT - - " for such proposals Northeast Hogback Unit 14-08-001-6674 SUBMIT IN TRIPLICATE 1. Type of Well 8. Well Name and No. Oil Well Gas Well Other Water Injection Northeast Hogback Unit #29 2. Name of Operator 9. API Well No. Giant Exploration & Production Company 30-045-09733 10. Field and Pool, or Exploratory Area 3. Address and Telephone No. P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325 Horseshoe Gallup 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 2090' FNL, 2190' FWL, Sec. 11, T30N, R16W San Juan, New Mexico CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Abandonment Change of Plans Recompletion **New Construction** Notice of Intent Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Subsequent Report Altering Casing Conversion to Injection Final Abandonment Notice Other Mechanical Integrity (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Test 13. Describe Proposed or Completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work. If well is directionaly drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* Tested casing to 350 psi for 30 minutes with no pressure drop. MIT passed. NMOCD witness - Johnny Robinson.

Title Area Engineer Date MAY 1 2 1995

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of agency of the United States any false,

fictious or fraudulent statements or representations as to any maner within its jurisdiction.

14. I hereby certify that the

Gregory E. McIntosh

(This space for Federal or State office use)

Conditions of aproval, if any:

Signed

Approved by

*See Instruction on Reverse Side

