

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

8. Lease Designation and Serial No.

NM 030555A

9. If Indian, Allotment or Tribe Name

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8. Well Name and No.

Five of Diamonds 1

9. API Well No.

30-045-22769

10. Field and Pool, or Exploratory Area

Wildcat Pictured Cliffs

11. County or Parish, State

San Juan, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent☐ Subsequent Report☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment Date☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☐ Other☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Will be plugged before 8-1-94.

RECEIVED
SEP 1 9 1993
OIL COAL
1993

14. I hereby certify that the foregoing is true and correct

Signed John AlexanderTitle Operations ManagerDate 9/7/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

APPROVED

Date

SEP 9 1993

DISTRICT MANAGER

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side