Form 3160-5 (November 1983) (Formerly 9-331)		UNITED STATE		SUBMIT IN TRIPLICA (Other instructions on verse side)	Expires	Bureau No. 1004-0135 August 31, 1985 GNATION AND SERIAL NO.
,		U OF LAND MANA			SF 078	
		ICES AND REPO				ALLOTTEE OR TRIBE NAME
1.					7. UNIT AGREE	SENT NAME
	X OTHER			MAY 28 1986		
2. NAME OF OPERATOR	Di Dece	Natural Co.	BUREA	U OF LAND MANAGE	8. FARM OR LI	
3. ADDRESS OF OPERATOR	EI Paso	Natural Gas	Company	MOTON RESCUENCEME	Riddl	е А
	Post Off	ice Box 428	9,Farmin	gton, NM 87499	A	6
4. LOCATION OF WELL (R See also space 17 belo	eport location cl	port location clearly and in accordance with any State requirements,*				POOL, OR WILDCAT
At surface	1635'N,	1180'E				Pictured Clf
				\int	SURVEY	, M., OR BLK. AND OR ARMA
				/		T-30-N,R- 9-
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT, G	R, etc.)	N.M.P.	M . R PARISH 18. STATE
			6362'	GL	San Ju	
16.	Charle A.					an inn
			alcare Mature	e of Notice, Report, o		
	OTICE OF INTENT	HON TO:		803	SEQUENT REPORT OF	
TEST WATER SHUT-OF		CLL OR ALTER CASING		WATER SHUT-OFF	REP	AIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE		TANDONS		FRACTURE TREATMENT		BRING CASING
REPAIR WELL		BANDON* HANGE PLANS		SHOOTING OR ACIDIZING (Other)	ABA	NDONMENT*
(Other)				(NOTE: Report res	ults of multiple com ompletion Report and	pletion on Well
	have comme produ	been unable rcial test.	to clear We are vill subr	still attemp	p sufficie ting to ma	ntly to get a
					PRO MAY 2 S	Wood Distriction
8. I hereby certify that t	the foregoing is	true and correct				æ
SIGNED Jegg	y Loc	TIT	LE Drilli	ng Clerk	DATE	05-22-86
(This space for Federa	al or State office	use)				
APPROVED BY		тіт	LE		DATE	
CONDITIONS OF API	PROVAL, IF AN				DATE _	734
	and I	*C l	tructions on R	lavama Sida	Arter describe	e vissaevie (KSA). M
c	··•	Jee Ins	muctions on K	EACLE SIDE		