							Form approv	ed.
Form 3160-5 (November 1983) (Formerly 9-331)	DEPAR	UNITED :	STATES THE INTER	RIOR	SUBMIT IN TRIPLICA (Other instructions on verse side)		Expires Augr	au No. 1004-0135 ust 31, 1085 on and serial no.
( · · · · · · · · · · · · · · · · · · ·		EAU OF LAND				- 1	F 081098	•
	s form for pr	OTICES AND oponais to drill or LICATION FOR PE	to deepen or plus	back to	a different reservoir.			TEE OR TRIBE NAME
OIL GAS WELL WELL	OTRE					7	UNIT AGREEMENT	NAME
2. NAME OF OPERATOR	<u>X</u>				<u> </u>	8.	FARM OR LEASE 1	NAME
	El Paso Natural Gas Company						iddle E	1
3. ADDRESS OF OPERATO	R			•		9.	WBLL NO.	:
4. LOCATION OF WELL	Post Of	fice Box	4289, Farm	ingt V State i	on, NM 87499 requirements.*		3 . FIELD AND POOL	OR WILDCAT
See also space 17 be	low.)	1460'E				- 1	lanco Pic	
	1040 N,	1400 E					SURVEY OR AR	R BLE. AND
						s	ec. 4,T-3	0-N,R-9-W
RECEIV		15 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					.M.P.M.	
14. PERMIT NO.	_	15. ELEVATION	vs (Show whether t		· · · · · ·	- 1	COUNTY OF PARI	
<u> </u>	<b>v</b> —			1 'GI			an Juan	NM M
16.			x To Indicate 1	Nature	of Notice, Report, o	r Othe	r Data	
BUREAU OF LAND MANA FARMINGTON RESOURCE	GEMENT INT	ENTION TO:		1	SUBI	BEQUENT	REPORT OF:	
PARIVINGTON NESS		PULL OR ALTER	CASING		WATER SHUT-OFF		REPAIRING	WELL
FRACTURE TREAT		MULTIPLE COMP	I.ETE		FRACTURE TREATMENT	<u>x</u>	ALTERING	CASING
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING		ABANDONM	ENT*
REPAIR WELL (Other)		CHANGE PLANS			(Other)(Norm: Report rest			
17. DESCRIBE PROPOSED OF	COMPLETED O	PERATIONS (Clear)	y state all pertine	it detail	Completion or Reco	tes, incl	iding estimated di	ate of starting any
proposed work. If nent to this work.)	well is direct	tionally drilled, gi	ve subsurface loca	itions an	d measured and true ver	tical de	oths for all marke	ers and zones perti-
8-30-85	2957 3019	7', 2963', 9', 3041', 84,960 ga	2971', 2 3058' w/	2979' '1 sp	to 4000#, o , 2987', 299 oz. Fraced w water. Flu	5 <b>',</b> /77,	3003 <b>',</b> 30 000# 10/2	11 <b>',</b> O sand
						- *	00-01	

18. I hereby certify that the foregoing is true and correct SIGNED leggy half	TITLE Drilling Clerk	DATE	10-14-85
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	

\*See Instructions on Reverse Side