|  | 4  |  |  | <b>.</b>  |  |
|--|--|--|--|---|--|
| Form 3160-5<br>(November 1983)<br>(Formerly 9-331) | UNITED STAT<br>DEPARTMENT OF THE<br>BUREAU OF LAND MAN                                       | INTERIOR   | SUBMIT IN TRIPLICATE® (Other instructions on reverse side) | Form approv Budget Bure Expires Aug 5. LEASE DESIGNATI SF 0782001 | au No. 1004-0135<br>ust 31, 1085<br>ION AND BERIAL NO. |
| (Do not use the                                    | INDRY NOTICES AND RE his form for proposals to drill or to deep Use "APPLICATION FOR PERMIT— | PORTS ON Pen or plug back to —" for auch proposals | WELF HerVir.E D  |   | TEE OR TRIBE NAME                                      |
| OIL GAS WELL WELL                                  | <u> </u>   | - Aug  | 5 i985   | 7. UNIT AGREEMENT   | MAME   |
| 2. NAME OF OPERATOR                                | El Paso Natural Gas  | FARMING COMPANY                                    | OF LAND MANAGEMENT<br>TON RESOURCE AREA                    | 8. FARM OR LEASE N  | IAME   |
| 3. ADDRESS OF OPERAT                               | Post Office Box 428  | 19 Farminat  | on NM 87/100   | 9. WELL NO. 5E  |  |
| 4. LOCATION OF WELL See also space 17 b            | (Report location clearly and in accordan   | ce with any State re                               | equirements.*  | Basin Dako  | ta   |
| 14. PERMIT NO.                                     | 15. ELEVATIONS (Show   | w whether pr. RT, GR,                              | ı  | 12. COUNTY OF PARIS   | NM   |
| 8.   | Check Appropriate Box To I   |  | of Notice, Report, or Ot                                   |   | por  |
| TEST WATER SHUT-                                   | OFF PULL OR ALTER CASING   | $\sqcap$ $\mid$ ,                                  | FATTER STEER CO.   |   |  |

(Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPUSED 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.) •

ABANDON\*

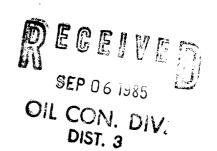
CHANGE PLANS

REPAIR WELL

(Other)

9-2-85 Spudded well at 10:00 a. m. 9-2-85. Drilled to 230'. jts. 9 5/8", 32.3#, H-40 surface casing set at 223'. Cemented with 130 sks. Class "B" with 1/4#/sk Flocele and 3% calcium chloride (154 cu.ft.). Circulated to surface. 12 hours. Tested 600#/30 minutes, held ok.

SHOOTING OR ACIDIZING



REPAIRING WELL ALTERING CASING

Spud Well

| 18. I hereby certify that the foregoing is true and correc                                | t                    |                     |
|---|----------------------|---------------------|
| SIGNED Seggy Loah   | TITLE Drilling Clerk | 9-4-85<br>DATE      |
| (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE                | ACCEPTED FOR RECORD |
|   |                      | 1985                |

\*See Instructions on Reverse Side