DEPARTMENT OF THE INTERIOR (Other, native classes on the BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use that from for proposal, and office to decrease or place back to a different reservoir.  "T. OHIT MANAGEMENT TAME  "T. OHIT MANAGEMENT T	Form 3160-5 (November 1983)	UNITE	STATES	SUBMIT IN TRIPLI	Form approved.  Budget Bureau No Expires August 3:	0. 1004–0135	
SUNDRY NOTICES AND REPORTS ON WELLS  CDO not use this form for proposal to still or	(Formerly 9-331)				5. LEASE DESIGNATION AN	D SERIAL NO.	
(Chis space for Federal of State Office and correct    Do not use this from for procedule of CIV or ALTER CARING   Do not use this from the Company   T. UNIT ADSERTANT NAME		BUREAU OF LA	ND MANAGEMEN	<u>T</u>			
OTHER OF STREET OF THE PASO NATURAL GAS COMPANY  E1 PASO NATURAL GAS COMPANY  E1 PASO NATURAL GAS COMPANY  FOR OFFICE BOX 4289, Farmington, NM 87499  1300'S, 1190'E  POST OFFICE BOX 4289, Farmington, NM 87499  1310'S, 1190'E  ECEIVED  1500'S, 1190'E  Blanco Morgo, or willow, Attentions (Cherty and in accordance with any State requirements.*  Blanco Mega Verde/  II. SEALY NO.  NOV 18 1985  S566'CL  S01, T-30-N, R-11- N, M, P, M.  REAU OF LAND MANAGEMENT DEVICES TO THE PASO NO.  THE VIEW WAS AND THE STATE AND THE PASO NO.  THE VIEW WAS AND THE STATE AND THE PASO NO.  THE VIEW WAS AND THE STATE AND THE PASO NO.  THE VIEW WAS AND THE STATE AND THE PASO NO.  THE VIEW WAS AND THE VIEW OF THE PASO NO.  THE VIEW WAS AND THE VIEW OF THE					6. IF INDIAN, ALLOTTEE O	OR TRIBE NAME	
S. ADDRESS OF OPERATOR  POST Office Box 4289, Farmington, NM 87499  1 DOCATION OF WALL REport location clearly and in accordance with any State requirements.  At surface 1500'S, 1190'E  1. PRINTED NO 18 1985  1. PRINTED NO 18 NEWATIONS (Show whether M. H. C. et etc.)  NOV 18 1985  1. PRINTED NO INCREMENT OF INCREMEN	OIL GAS G				7. UNIT AGREEMENT NAME	7. UNIT AGREEMENT NAME	
POST Office Box 4289, Farmington, NM 87499  13A  DOCUMENT OF WILL (Report Incition clearly and in accordance with any State requirements.*  1500'S, 1190'E  RECEIVED  15. BLAVATIONAL (Show whether M. Ft. Ca. etc.)  16. BLAVATIONAL (Show whether M. Ft. Ca. etc.)  17. PREMIT NO.  NOV 18 1985  18. BLAVATIONAL (Show whether M. Ft. Ca. etc.)  19. CERT WITH ABBUTONT PLANE  REAL OF LAND MANAGEMENT OF INTERTION TO:  THE THAT WITH ABBUTONT PLANE  REAL OF LAND MANAGEMENT OF INTERTION TO:  THE THAT WITH ABBUTONT PLANE  REAL OF LAND ABBUTONT OF INTERTION TO:  THE THAT WITH ABBUTONT PLANE  REAL OF LAND ABBUTONT OF INTERTION TO:  THE THAT WITH ABBUTONT PLANE  REAL OF LAND ABBUTONT TO:  THE THAT WITH ABBUTONT PLANE  REPORT OF ARTHUR CARRING  REPORT WITH ABBUTONT PLANE  REPORT OF ARTHUR CARRING  REPORT WITH ABBUTONT PLANE  REPORT OF REPORT WITH SHOW ABBUTON TO:  THE THAT WITH ABBUTONT PLANE  REPORT WITH ABBUTONT PLANE  REPORT OF REPORT WITH BUTONT TO:  THE THAT WITH ABBUTONT PLANE  REPORT OF REPORT WITH ABBUTONT TO:  THE THAT WITH ABBUTONT PLANE  REPORT OF REPORT WITH ABBUTONT TO:  THE THAT WITH ABBUTONT TO INTERTION TO:  THE THAT WITH ABBUTONT TO INTERTION TO:  THE THAT WITH ABBUTONT TO INTERTION TO:  THE THAT WITH ABBUTONT TO:  T	2. NAME OF OPERATOR				8. FARM OR LEASE NAME	<del></del>	
Does of the control o						, , , , , , , , , , , , , , , , , , ,	
Blanco Mesa Verde/  II. SEC.T. 2. M. ON BAKE AND  SC. T. 2. M. ON BAKE AND  N. M. P. M.  14. PEANT NO.  N. M. P. M.  15. PEANT NO.  N. M. P. M.  16. Mack Appropriate Box To Indicate Nature of Notice, Report, or Other Data  BUREAU OF LAND MANAGEMENT  ARMINISTOR SCOURCE/SMEN, or INTESTICA TO IN THE CONTROL OF INTESTICATION OF THE ACTUAL THEAT BATCOTTO TO ACTUAL THE THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO ACTUAL THEAT BATCOTTO TO A							
Blanco Mesa Verde/  II. SEC.T. 2. M. ON BAKE AND  SC. T. 2. M. ON BAKE AND  N. M. P. M.  14. PEANT NO.  N. M. P. M.  15. PEANT NO.  N. M. P. M.  16. Mack Appropriate Box To Indicate Nature of Notice, Report, or Other Data  BUREAU OF LAND MANAGEMENT  ARMINISTOR SCOURCE/SMEN, or INTESTICA TO IN THE CONTROL OF INTESTICATION OF THE ACTUAL THEAT BATCOTTO TO ACTUAL THE THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO TO ACTUAL THEAT BATCOTTO ACTUAL THEAT BATCOTTO TO A	4. LOCATION OF WELL ()	Post Office Box 4289, Farmington, NM 87499					
IL SECTIVED  II. SERVICES  II. SERVICES  II. SERVICES  II. SERVICES  II. SERVICES  II. SERVICES  Sec. 15, 7 - 30 - N, R-11-  N. NOV 1 8 1985  II. COUPTY OR PARIER  II. SERVICES  SEC. 15, 7 - 30 - N, R-11-  N. NOV 1 8 1985  II. COUPTY OR PARIER  II. SERVICES  III. SERVICES  SERVICE	See giso abace 11 per	See also space 17 below.)					
Sec. 13, T-30-N, R-11-  N.M.P.M.  15. SLEVATIONS (Show whether BF, BT, OR, etc.)  16. Show of the Date  Sec. 13, T-30-N, R-11-  N.M.P.M.  18. COUPT OR PARISH 18. STATE  SO JULIA DATA  REPAIR 18. SA JULIA N.M.  REAL OF LAND MANAGEMENT OF INTENTION TO:  SUBBRIGHER ABOUTOFF PRACTURE TREAT  SHOOT OR ACIDITA  BEFORE TREAT  SHOOT OF TREAT		1500'8, 1190'1	i.			1	
14. FRANTS RO.  NOV 18 1985  16. Start TION 18. SLEVATIONS (Show whether pr. et. cs. etc.)  San Juan NM  REAL OF LAND MANAGEMENT  ARMINGTON RESOURCE CONTROL THERSTON TO:  REAL OF LAND MANAGEMENT  RANDOUT REAL SHOP OF INTERSTON TO:  REAL OF LATES WATER SHOP OF PARTY ARMINGTON RESOURCE CONTROL TO:  THE WATER SHOP OF PARTY ARMINGTON RESOURCE CONTROL TO:  THE WATER SHOP OF PARTY ARMINGTON RESOURCE CONTROL TO:  THE WATER SHOP OF PARTY ARMINGTON RESOURCE CONTROL TO:  THE WATER SHOP OF PARTY ARMINGTON RESOURCE CONTROL TO:  THE WATER SHOP OF REAL ARMINGTON RESOURCE CASING ARMINGTON RESOURCE CASING ARMINGTON RESOURCE RESALT RESOURCE R					SURVEY OR AREA		
16. PREALU SEASON SEASO	RECEIV	E D				-N , K - I I -	
NOV 18 1985  10.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  REAL OF LAND MANAGEMENT  ARMINGTON RESOURCE SERVEN OF INVESTIGATION NO:  THE WATER SHUT-OFF PACTURE TREAT  ARMOOT OR ACIDIES  BROTH WILL  (Other)  17. DENOTRINE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertiaent details, and give pertinent details depth for all markers and sones pertinent to this work.)  18. I Mereby certify that the foregoing in true and correct  SIONED. AGAIN  ALTER SHUT-OFF  WATER SHUT-OFF  WATER SHUT-OFF  (Other)  Spud Nell  (Other)  Spud Nell  (Other)  11. DENOTRINE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertiaent details, and give pertinent dates, including estimated date of tarring any ment to this work.)  11. DENOTRINE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertiaent details, and give pertinent dates, including estimated date of tarring any ment to this work.)  11. DENOTRINE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertiaent details, and give pertinent dates, including estimated date of tarring any ment to this work.)  11. DENOTRINE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertiaent details, and give pertinent dates, including estimated date of tarring any ment to this work.)  12. DENOTRINE PROPOSED OR COMPLETE OPERATION (Clearly state all pertiaent details, and give pertinent dates, including estimated date of tarring any ment to this work.)  ROTH SPORT RESOURCE PROPOSED OR COMPLETE CO			TIONS (Show whether Dr.	RT, GR, etc.)		3. STATE	
THE STATE OF CALL OF LAND MANAGEMENT STATE AND CONTROL OF LAND MANAGEMENT STATE AND CASH	NOV 1 8 1985		586	66 ' GT.	i i		
ARMINGTOR RESOURCE STREAM ARMINGTOR RESOURCE TREAT ARMORD OR ACIDIES ARMINGTOR RESOURCE TREAT ARMOOD OR ACIDIES ARMOOD O							
TEST WATER SHOT-OFF PRACTURE TREAT SHOOT OF ACIDIES ARADON* CHANGE PLANS (Other)  Observation From the distance of the work.  17. DESCRIBE PROTOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent details end to grow evertical depths for all markers and toose pertinent to this work.)  11. DESCRIBE PROTOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent details end to grow evertical depths for all markers and toose pertinent to this work.)  11. DESCRIBE PROTOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent details end for or all markers and toose pertinent to this work.)  11. DESCRIBE PROTOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent details end for and too and do consequent of the work.)  11. DESCRIBE PROTOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent d	UREAU OF LAND MANAG		Dox to Indicate N				
PRACTURE TREAT SHOOT OR ACIDIES ARADON* AREADON* ARADONMENT* AREADON* AREAD					UBSEQUENT REPORT OF:		
SHOOT OR ACIDIEB  REPAIR WELL  CHANGE PLANS  CHOCKER  CONTROL REPORT results of multiples completion on Well  Completion or Recompletion Report and Log form.)  Completion or Recompletion Report and Log form.)  The completion of Recompletion of Recompletion on Well  Completion or Recompletion of Recompletion on Well  Completion or Recompletion of Recompletion on Well  Completion of Recompletion of Recomple		PULL OR ALTI	R CASING	WATER SHUT-OFF	REPAIRING WELL	ւ	
REPAIR WELL  (Other)  (Other)  (Other)  (Other)  (Note: Report results of multiple completion on Well (Ompletion or Recompletion Begort and Log form.)  17. Describe Proposed on Completing Operations (Clearly state all perturent details, and give pertinent date, including estimated date of starting and perconced work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones perturent to this work.)  11-16-85 Spudded well at 12:45 p.m. 11-16-85. Drilled to 213'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 206'. Cemented with 117 sks. Class "B", with 1/4# get flake/sk, 3% calcium chloride, (138 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.    Recomplete Proposed on Completion on Well Completion or Recompletion or Recompletion or Recompletion or Well Completion or Recompletion or Recompl		<u> </u>	MPI.ETE	FRACTURE TREATMENT	ALTERING CASIN	a	
(Other)  (Other)  (Other)  (Other)  (Now: Report results of another completion on Well Completion of Recompletion of Recomplet		<del></del>		SHOOTING OR ACIDIZIN			
17. Describe percents on complete on complete the feed of starting and percent dates. Including estimated date of starting and estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical depths for all markers and sones pertinent dates. Including estimated and true vertical dates. Including estimated and true verticale		CHANGE PLAN	s				
11-16-85 Spudded well at 12:45 p.m. 11-16-85. Drilled to 213'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 206'. Cemented with 117 sks. Class "B", with 1/4# gel flake/sk, 3% calcium chloride, (138 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.    Nov 2 0 1985				Completion or R	completion Report and Los form		
NOV 2 0 1985  OIL CON. DIV. DIST. 3  8. I hereby certify that the foregoing is true and correct  SIGNED 1994 TITLE Drilling Clerk  (This space for Federal or State office use)		Cemented wi calcium chl	th 117 sks. oride, (138	Class "B", wi cu.ft.). Circ	th 1/4# gel flake ulated to surface	e/sk, 3%	
SIGNED Jeggy bak TITLE Drilling Clerk DATE 11-18-85  (This space for Federal or State office use)					NOV 2 0 1985 OIL CON. DIV.	Common with the common of the	
(This space for Federal or State office use)		he foregoing is true and cor					
APPROVED DE	SIGNED VYGGY	. Jour	_ TITLE <u>Dri</u>	<u> Iling Clerk</u>	DATE 1	1-18-85	
APPROVED BY TITLE	(This space for Federa	l or State office use)				<del></del>	
	APPROVED BY		ጥነጥ፣ ከ		<u> </u>		

\*See Instructions on Reverse Side