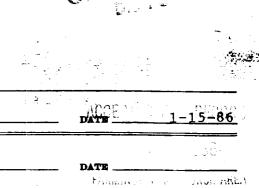
Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTME	IITED STATES NT OF THE IN DE LAND MANAGI	ITERIOR	SUBMIT IN TRIPLICATE® (Other instructions on reverse side)	5. LEASE DESIGNATE SF 079962	MA No. 1004-0135 IST 31, 1985 ON AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)					6. IP INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL WELL	OTHER				7. UNIT AGREEMENT	MAME
2. NAME OF OPERATOR	. NAME OF OPERATOR El Paso Natural Gas Company					IAME
						Payne
3. ADDRESS OF OPERATOR					9. WELL NO.	
Post Office Box 4289, Farmington, NM 87499					8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					10. PIELD AND POOL, OR WILDCAT	
RECEIVED					Blanco Mesa Verde	
					11. SBC., T., B., M., OR BLK. AND SURVEY OF AREA Sec. 25, T-30-N, R-11-W N.M.P.M.	
14. PERMIT NO.	1 -	5. ELEVATIONS (Show wh			12. COUNTY OR PARI	SH 13. STATE
JAN 16 19	JAN 1 6 1986 6		6029'	GL	San Juan	NM
16. BUREAU OF LAND MA FARMINGTON RESOL TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	NAGEMENT RECEIRED INTENTION OFF PCLI MUL ABAN	-	cate Natur	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) S	REPAIRING ALTERING ABANDONI	CASING
(Other)			_	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
17 - HORDER HORDER	If well is directionally) *	drilled, give subsurfi	:00 p.m	alls, and give pertinent dates, and measured and true vertical. 1-14-86. Dri surface casing	including estimated of depths for all mark	iate of starting any ters and zones perti-



*See Instructions on Reverse Side

TITLE .

TITLE Drilling Clerk

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

(This space for Federal or State office use)