Form 3160-5 (November 1983) (Formerly 9-331)

(1)0

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UNITED STATES BUBMIT IN TRIPLICATE* (Other instructions on rerespectively) BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

<u>14-20-604-1951</u>

r orm approved.

SUNDRY NOTICES	AND	REPORTS	ON WEELS IVED
not use this form for proposals to	drill or to	deepen or plug 41T—" for such	back to a different reservois.

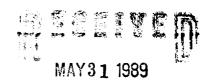
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	Use "APPLICA"	HON FOR PERMIT— for such pro	bound) (A) (A) [
١.			89 MAY 16 AH 11: 47	7. UNIT AGREEMENT NA	ME
	WELL GAS OTHER		- MI 10 MI 11:47	Hosershoe Ga	
2.	NAME OF OPERATOR	EAD	WingTow Word was .	8. FARM OR LEASE WAM	3
	ARCO Oil & Gas Company	, Division of Atlantic 🖪	ichfield Company	Horseshoe Ga	llup
3.	ADDRESS OF OPERATOR		The second secon	9. WELL NO.	
	1816 E. Mojave Farmington	n, NM 87401	The second	202	
١.	LOCATION OF WELL (Report location cle See also space 17 below.)	10. FIELD AND POOL, OF	WILDCAT		
	At surface		sed how		
			MAY 1 8 1989	11. SEC., T., E., M., OR B SURVEY OR ARMA	LE. AND
	19	00' FSL & 1890' FWL	C-3-072-30	Sec. 34, T31N	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF,	BT. GR. PRO TAIL	12. COUNTY OR PARISH	18. STATE
		5382′ GL 表級	29 DE	San Juan	NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
				ſ			_
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE	l	FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*	İ	SHOOTING OR ACIDIZING		ABANDONMENT [®]	
REPAIR WELL		CHANGE PLANS	ll		ctivation		LX_
(Other)				(NOTE: Report resu Completion or Recor	its of multiple apletion Report	completion on Well and Log form.)	1

This well was reactivated on 5/8/89 due to improving economic conditions. The well was listed as a long term shut-in prior to this date.



OIL CON. DIV DIST. 3

14	8. I hereby certify that the foregoing is true and correct		
MR	SIGNED Coyuu	Production Supervisor	DATE 5/11/89
() =	(This space for Federal or State office use)		MAY SA HAY
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
		Unoco	A Secretary of the second

*See Instructions on Reverse Side

^{17.} DESCRIBE PROPOSED 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 sones pertinent to this work.) *