Form 3160-5 (November 1983) (Formerly 9-331)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 LEASE DESIGNATION AND SPEIAL NO.					
SUNDS (Do not use this for U	MOO-C-1420-4389 6. IF INDIAN. ALLOTTEE OR TRIBE NAME UTE MTN. UTE					
OIL GAB OTHER Notification of spud. NAME OF OPERATOR				7. UNIT AGREEMENT NAME N/A		
WINTERSHALL CORPORATION				8. FARM OR LEASE NAME		
3. ADDRESS OF OPERATOR 5251 DTC Pari	UTE MTN UTE					
5251 DTC Pari	#33-33					
At surface	10. FIELD AND POOL, OR WILDCAT					
1840' FSL & 3	1770'FEL (NWSE	E)		BASIN DAKOT. 11. BEC., T., R., M., OR BLK. BURYET OR AREA	A	
14. PERMIT NO.	15 7174	- (5)		(J) 33-31N-	14W	
3000 7,200	5544	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 5544' ungraded ground		12. COUNTY OR PARISH 13. STATE		
		Tith	ground	Jan Juan	New Mex.	
Norte	CHECK ASSISTED TO:	x to Indicate No	ature of Notice, Report, or C	Other Data		
TEST WATER SHUT-OFF	 -		PRESERVE	SENT REPORT OF:		
FRACTURE TREAT	PULL OR ALTER O	[——] i	WATER SHUT-OFF	REPAIRING WELI		
SHOOT OR ACIDIZE	ABANDON*		FRACTURE TREATMENT	ALTERING CASIN	o	
REPAIR WELL	CHANGE PLANS		SHOOTING OR ACIDIZING (Other)	ABANDONMENT*		
(Other) Spud w		XX	(NOTE: Report results	of multiple completion on tetion Report and Log form.)	Well	
proposed work. If well nent to this work.)	PLETED OPERATIONS (Clearly is directionally drilled, given	y state all pertinent ve subsurface locatio	Completion or Recomplete details, and give pertinent dates, and measured and true vertical and true vertical dates.	including estimated date of il depths for all markers and	starting any d zones perti-	
	MIRU. Spud we			RECEIVED OF	SHALL	
12/29/87	Ran 6 jts 8-5/ Cmt. w/ 150 s>	/8" surface ks class "I	e casing & set @ 3" cmt. (177' cubi	9,	ERATIONS 2. 88	
12/30/87 -			(-// Cdb1	c reet.)	. 08	
1/5/88 ₁	Drlg ahead at	4862'.	÷			
	leave no	to AP	T assigned	HEU Burner to the	Elverio Managena	
~	in this the	lie.	DECEIVE	JAN 1	1 1983	
			W. S.	Duran	960, Colorado	
			AUG1 5 1988	עש		
			~ ~ .			
18. I hereby certify that the fo	pregoing is true and correct		J. DIN			
SIGNED TEL	Level		erations Manager	DATE 1/5/88		
(This space for Federal or	State office use)					
APPROVED BY	7 A V T T T T T T T T T T T T T T T T T T	TITLE		D		
CONDITIONS OF APPROV				DATE		
	C?	erando en	31' Y		NAME OF ASSESSMENT	

*See Instructions on Reverse Side