Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil Curis. Division

1625 N. French Dr.

Budget Bureau No. 1004-0135
Expires: March 31, 1993

Hobbs, NM 882 Designation and Serial No.

| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals | NM 80166 If Indian, Allottee or Tribe Name If Unit or CA, Agreement Designation Unit A Well Name and No. Mountain Federal #6 API Well No. 30-04/-20507 Field and Pool, or Exploratory Area |
|---|--|
| 1. Type of Well Gas Well Other 8. | Unit A Well Name and No. Mountain Federal #6 API Well No. 30.04/-2.0507 |
| 1. Type of Well X Oil | Mountain Federal #6 API Well No. 30-04/-2.0507 |
| 2. Name of Operator Petroleum Development Corporation 3. Address and Telephone No. 4113 Eubank NE, Suite 400, Albq., NM (505) 293-4044 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) S30, T7S, R32E NE/4 NE/4 990' FNL 990' FEL 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF SUBMISSION TYPE OF ACTION Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other 13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 1) Acidize perforations from 4127'-4142' W/20% HCL acid 1000 gallor 2) Swab well, if warranted place back on production | Mountain Federal #6 API Well No. 30.04/-2.0507 |
| Petroleum Development Corporation 3. Address and Telephone No. 4113 Eubank NE, Suite 400, Albq., NM (505) 293-4044 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) S30, T7S, R32E NE/4 NE/4 990' FNL 990' FEL 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF SUBMISSION TYPE OF ACTION | API Well No. 30-041-20507 |
| 4113 Eubank NE, Suite 400, Albq., NM (505) 293-4044 4 Location of Well (Footage, Sec., T., R., M., or Survey Description) S30, T7S, R32E | |
| S30, T7S, R32E NE/4 NE/4 990¹ FNL 990¹ FEL 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF SUBMISSION TYPE OF ACTION | T T 0 1 |
| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, TYPE OF SUBMISSION Abandonment Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other | Tom-Tom San Andres County or Parish, State |
| TYPE OF SUBMISSION Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other 13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 1) Acidize perforations from 4127¹-4142¹ w/20% HCL acid 1000 gallor 2) Swab well, if warranted place back on production | Roosevelt County, NM |
| Abandonment | OR OTHER DATA |
| Recompletion Plugging Back Casing Repair Altering Casing Other Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 1) Acidize perforations from 4127¹-4142¹ w/20% HCL acid 1000 gallor 2) Swab well, if warranted place back on production | |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 1) Acidize perforations from 4127¹-4142¹ w/20% HCL acid 1000 gallor 2) Swab well, if warranted place back on production | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| | and the state of t |
| 14. I hereby certify that the foregoing is true and correct Signed Title Production Supervisor, NM Approved by Condition Supervisor GARY GOURLEY Title PROJECT FOR FINGINEER | Date <u>9/7/00</u> |