Form 3160-5	UNI	FORM APPROVED	
(June 1990)	DEPARTMEN	Budget Bureau No. 1004-0135	
	BUREAU OF I	Expires: March 31, 1993	
		5. Lease Designation and Senal No.	
	NMNM0558287		
Do not us	6. If Indian, Allottee or Tribe Name		
1.4 T			
<u></u>	7. If Unit or CA, Agreement Designation		
1. Type of Well			
	s []		
	8. Well Name and No.		
2. Name of Operator	Hasselhoff Fed #1		
Chi Operating Ir	9. API Well No.		
3. Address and Telepho	30-041-10506-20803		
PO Box 1799, 1	10. Field and Pool, or Exploratory Area		
4. Location of Well (Foo	Chavaroo San Andres		
	11. County or Panish, State		
Sec 13, T7S, R3	Roosevelt, NM		
		t en	
12. CHECK AF	PROPRIATE BOX(s) TO	D INDICATE NATURE OF NOTICE, REPORT,	OR OTHER DATA
	UBMISSION	TYPE OF ACTION	
Notice of	Intent	Abandonment	Change of Plans
		Recompletion	New Construction
X Subseque	ant Report	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Abandonment Notice		Altering Casing	Conversion to Injection
		X other Restore well to production	Dispose Water
		(Note: Report results of multiple completion on Well	
·		•	Completion or Recompletion Report and Log form.)
13. Describe Proposed of	r 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 zones pertinent to this work.)*

Put well back in service by pulling tubulars, cleaned well out, ran new pump.

Copy

	ACIL				
14. I hereby certify Signed	that the topgoing is triff the correct	Title	Supv.	Date	9/30/01
(This space for Approved by	Federal or State office use)	Title		Date	
Conditions of ap	oproval, if any:		······		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side