| Form 3160-5 (November 1983) | UNITED ST | ΓATES sυ | BMIT IN TRIPETATES | | cau No. 1004-01 % |
|--|---|-------------------------------------|--|-------------------------------------|--|
| Formerly 9-331) | DEPARTMEI OF T | THE INTERIOR FE | Ab 1 | TABLES MUE | NON AND BREIAL NO |
| | IDRY NOTICES AND form for proposals to drill or to Use "APPLICATION FOR PERI | deepen or plug back to a | | 6. IF INDIAN, ALLO | TTEE OR TRIBE NAME |
| OIL GAS WELL 2. NAME OF OPERATOR | OTHER | | | 7. UNIT AGREEMENT 8. FARM OR LEASE | UnitBL |
| Conoc | e the | | | O. FARM OR LEASE | RAME ; |
| See also space 17 bel | Report location clearly and in acc | olds NM Sordance with any State reg | BHO ülrements.• | 9. WELL NO. #28 | B, OR WILDCAT |
| Unit] | 65/N + 129 | istw | | 11. SEC., T. R., M., SURVEY OR A | ar G DA or blk. and leda 17< P32F |
| 30-625-23 | | (Show whether DF, RT, GR, et | c.) | 12. COUPLY OF PAS | RISH 13. STATE |
| 16. | Check Appropriate Box | To Indicate Nature o | Notice, Report, or C | Other Data | |
| | NOTICE OF INTENTION TO: | | SUB8EQ | UENT REPORT OF: | |
| TEST WATER SHUT-C | PULL OR ALTER COMPLE | | ATER SHUT-OFF | | NG WELL |
| SHOOT OR ACIDIZE | ABANDON* | SI SI | BOOTING OR ACIDIZING | ABANDON | |
| (Other) (Other) | | | ts of multiple completion on Well spletion Report and Log form.) | | |
| | R COMPLETED OPERATIONS (Clearly well is directionally drilled, give | | and give pertinent dates, | , including estimated | date of starting an |
| elt is ps | oposed to repair | a surface un | rter leak, ele | ian out u | rell |
| add per | oposed to repair beations and a ions, A motel | timulate t | te Graybur | g & Jan 10 Lollow | to |
| Jormali detail | the work. | e g saveg | wince we | 10-0 | |
| · | | w.* | | era et a Sistem | |
| | | ** <u>*</u> | | <u>.</u> . | |
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| • | | · | | • | TIVE TO THE |
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| | | | | | • |
| | | | | | , , , |

*See Instructions on Reverse Side

TITLE _

PETROLEUM ENGINEER

(This space for Federal or State office use) Orig. Signed by Adam Salameh

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: