Form 3160-5 (Jul y 1989) (Formerly 9-331)	DEPARTM	NITE STAT	INTERIOR	ONIACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions or verse side)	Modified NO60-3166 5. LEASE DESIGNM-2780	0-4 NATION AND SERIAL NO. 5	
SU (Do not we th	NDDY NOTIC	TEC AND REI	PORTS ON	WELLS to a different reservoir.	7. UNIT AGREES	CLOTTEE OR TRIBE NAME	
i:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
WELL X WELL	OTHER			3n. Aren Code & Phone	No. 8. PARM OR LE	ASE NAME	
2. NAME OF OPERATOR	uction Compa	nv		505-622-1127	Lechuza	Federal	
3. ADDRESS OF OPERAT					9. WELL NO.		
n A Pay 1	USU Busmell	, New Mexico	88202-10	30	#3	POOL, OR WILDCAT East	
4. LOCATION OF WELL See also space 17 t At surface	(Report location cle below.)	arly and in accordan	ice with any State	e requirements.*	Livings	ston Ridge Delaware	
	660' F	SL & 2310' F	EL		BURVEY	OR ARMA	
					Section	n 15-22S-32E	
		15. ELEVATIONS (She	w whether DF, RT,	GR. etc.)	12. COUNTY OF	PARISH 13. STATE	
14. PERMIT NO. 30-025-3175	3		3704' GR		<u>Lea</u>	NM	
30-025-3175		<u> </u>		- Chlories Report of	or Other Data		
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or				SEQUENT ESPORT OF	OTHER BERGET OF:	
	NOTICE OF INTENT	rion to:	,	500		<u></u>	
TEST WATER SHU	T-OFF P	CLL OR ALTER CASING	;	WATER SHUT-OFF		PAIRING WELL	
FRACTURE TREAT	<u> </u>	IULTIPLE COMPLETE		PRACTURE TREATMENT	- 	ANDONMENT*	
SHOOT OR ACIDIZE	·	BANDON*		SHOOTING OR ACIDIZING	Casing & Ce	ment X	
REPAIR WELL	٠	HANGE PLANS		(Norm: Report re-	sulta of multiple cor ompletion Report an	IC DOE TOTAL!	
nent to this work.	FD 8950'. R	an 216 joint with 800 sac cond stage w	s 5 1/2" 17 ks 50/50 Po ith 625 sac	7# L80 and K55 ca DZ Mix with 5# sa cks 50/50 Poz Mix sacks to pit on f rig at 1:00 AM or	sing. Cemen It and 1/4# with 5# sal	ted at 8950' Flocele per t and 1/4#	
		Ale	- -		NOV 23 1992	* A STREAM	
18. I hereby certify	that the foregoing	a true and correct	TITLE Pro	oduction Supervis	or DATE	11/9/92	
	Federal or State of	Ice use)	· · · · · · · · · · · · · · · · · · ·				
from shace for	TOUR OF DESIGNATION	- ·	mimi P		DATE		
APPROVED BY CONDITIONS O	F APPROVAL, TF	ANY:	TITLE				

*See Instructions on Reverse Side