Form 3160-5 (June 1990)

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## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM	I APPR	OV.	ED	
Budget Bure	eau No	. 10	04-013:	5
Evnicas	March	11	1001	

Expires: March 31, 1993

Lease	Designation and	Serial
A 5	11-7951	

prior to test.  14. I hereby certify that the foregoing is true and correct	Title Prod. ClErk	700 CCT 27 P 2: 48	
prior to test.			
the state of the s	tical depths for all markers and zones pertinent to this work.)*  LIFICATION OF PRESSURE t		
Notice of Intent  Subsequent Report  Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Apply for TA Status  all pertinent details, and give pertinent dates, including estimated date of starting	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.)	d
TYPE OF SUBMISSION	TYPE OF ACTION		_
17	1980 S 1980 W ((s) TO INDICATE NATURE OF NOTICE, REPOR	LEZ COUNTY, NM RT, OR OTHER DATA	_
Petterson Operating 8 Per 3. Address and Telephone No. PO. Box 50076 Midle 4. Location of Well (Footage, Sec., T., R., M., or Survey)  Letterson Operating 8 Per 3. Address and Telephone No. Post Survey  Letterson Operating 8 Per 3. Address and Telephone No. Per 3.		9. API Well No. 30-025-25837  10. Field and Pool, or Exploratory Arga  S. Leonard Field  11. County or Parish, State	_ 
1. Type of Well  Oil Well  Gas Well  Other  2. Name of Operator		8. Well Name and No. #18	
SUBM	T IN TRIPLICATE	7. If Unit or CA, Agreement Designation	
	drill or to deepen or reentry to a different reservoir.  OR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name	_
Do not use this form for proposals to	S AND REPORTS ON WELLS	1 1501 7027	

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.