Form 3160-5 November 1983) Formerly 9-331) DEPARTMENT OF THE INTERIOR verse alde) BUREAU OF LAND MANAGEMENT	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DERIGNATION AND SERIAL NO. LC-029020-(g) 0. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.) DECEIVED.	T. UNIT AGREEMENT NAME
OIL A GAB OTHER 2. NAME OF OPERATOR MAY 27'88	8. FARM OR LEASE NAME DEXTER FEDERAL
3. APPRESS OF OPERATOR	9. WELL NO. 1
4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements, Office	10. PIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface 2310' FSL & 1650' FEL	Grayburg Jackson 11. SHC, T., R., M., OR BLE. AND BURNET OR ARMA
	Sec 22-T17S-30E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, BT, CR, etc.) 30-015-10244 3667 GR	12. COUNTY OR PARISH 18. STATE EDDY NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent day proposed work. If well is directionally drilled, give subsurface locations and measured and true ver ment to this work.)* 18. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent day proposed work. If well is directionally drilled, give subsurface locations and measured and true ver ment to this work.)* 19. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent day proposed work. If well is directionally drilled, give subsurface locations and measured and true ver ment to this work.)*	ALTERING WELL ALTERING CASING ABANDONMENT® W/Cement Its of multiple completion on Well appletion Report and Log form.) Tes, including estimated date of starting any tical depths for all markers and zones perti-
hang back on pump.	
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Production Clerk (This space for Federal or State, office use)	DATE 5/25/88