Drawer DD Artesia, NM 88210

Form 3160-5 UNITED STATES (June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		FORM APPROVED  Budget Bureau No -10(M-0135
Do not use this form for proposals to	ES AND REPORTS ON WELLS  drill or to deepen or reentry to a different reservoir.  FOR PERMIT—" for such proposals	6. If Indian, Alliatee of Teste Name
	IIT IN TRIPLICATE	7.71 Unit or CA, Agreement Designation
1. Type of Well  Oil Well  Well  Other  2. Name of Operator		8. Well Name and No.
TOPAT OIL CORPORATION  3. Address and Telephone No.		9. API Well No.
505 NORTH BIG SPRING, STE. 204	, MIDLAND, TEXAS 79701 (915)682-634	0 10. Field and Poul, or Exploratory Area
4-Location of Well (Footage, Sec., T., R., M., or Survey Unit B: QCO FNL	1980 FEL	11. County or Parish, Suite
Sec. 20 T-205	R-30E, NMPM, Eddy County	EDDY COUNTY, NEW MEXICO
TYPE OF SUBMISSION	(s) TO INDICATE NATURE OF NOTICE, REPOR	IT, OR OTHER DATA
X Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
	1X Other CHANGE OF OPERATOR	L. Dispose Water tNote. Report results of multiple completion on Well Completion or Recompletion Report and Log form 3
	I pertinent details, and give pertinent dates, including estimated date of starting a cal depths for all markers and zones pertinent to this work.)*	ny proposed work. If well is directionally drilled,
EFFECTIVE DATE: MAY 1, 1994	.c. <b>6</b>	
BOND NUMBER: BO3535		BURE ROS #
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3	DO G	
3	00128 ·	
14. I hereby certify that the foregoing is true and correct	San Carlo	
Signed Office Signed	Tiple PRESIDENT	
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title	Dute
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Talle 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.