Form 3160-5	,	TED STATES	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
(June 1990)		NT OF THE INTERIOR	5. Lease Designation and Serial No.
		LAND MANAGEMENT	NM 100800
	CHNDRY NOTICES	AND REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
Do not	HEATING TORM TOT DIGUSTALS TO U	rill or to deepen or reentry to and the reliable reservoir.  R PERMIT—" for such proposals	
	Use "APPLICATION FO	R PERMIT— for such proposate	7. If Unit or CA, Agreement Designation
	SUBMIT	IN TRIPLICATE DECEMBER	7. II Can Grant Con
1. Type of V	Gas G	MAY 2 8 1999	8. Well Name and No.
2. Name of		an com DIV.	Penistaja Federal 23 #
	ll Energy, Inc.	(1) (40100 -	1 - 1
	and Telephone No.	DIT. 3	30-043-20947
	. Marienfeld Ste. 1100,	Midland, TX, 79701 915 683-2534	10. Field and Pool, or Exploratory Area
4. Location	of Well (Footage, Sec., T., R., M., or Survey D	Wildcat 11. County or Parish, State	
1 112	' FNL & 483' FEL Un	it Letter "H"	II. Commy of Parish, Sans
	on 23-T20N-R4W		Sandoval, NM.
12.	CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
	TYPE OF SUBMISSION	TYPE OF ACTION	
		Abandonment	Change of Plans
	Notice of Intent	Recompletion	New Construction
		Plugging Back	Non-Routine Fracturing
	Subsequent Report	Casing Repair	Water Shut-Off
	Nation	Altering Casing	Conversion to Injection
	Final Abandonment Notice	Other	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
		1 Liver and date of creating	env proposed work. If well is directionally drilled
13. Describe	Proposed or Completed Operations (Clearly state a	all pertinent details, and give pertinent dates, including estimated date of starting ical depths for all markers and zones pertinent to this work.)*	any proposed visiting
give	subsurface locations and incastice and det vou		
		that a new proposed total depth for the	
-		00' of depth is needed to adequately l	
inter	vals. The additional de	pth will not encounter any abnormally	pressured formations

and the current well design is adequate to handle the additional depth request.

I hereby certify that the foregoing is true and correct  Signed Bill PionceTitle	Manager of Operations	Date <u>05/24/99</u>
(This space for Federal or State office use)  Approved by Sul State office use)  Conditions of approval, if any:		Date MAY 2 7 1993
	Allies and the any department or agency of the United States	for any or fraudulent state