

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 87300
2. Name of Operator TEXAKOMA OIL & GAS CORPORATION	6. If Indian, Allottee or Tribe Name NAVAJO (SURFACE)
3. Address and Telephone No. ONE LINCOLN CENTRE, 5400 LBJ FRWY, SUITE 500, DALLAS, TX 75240	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) LOT A SEC. 20, T25N, R13W 600' FNL, 600' FEL SAN JUAN COUNTY, NM	8. Well Name and No. MUSTANG FLATS NO. L
	9. API Well No. 030-045-29130
	10. Field and Pool, or Exploratory Area BASIN FRUITLAND COAL
	11. County or Parish, State San Juan county, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WELL ABANDONMENT:

DATE OF WORK: 11/11/95

Completed restoration of land.

12/6/95

Reseeded per BLM'S specifications

RECEIVED
BLM MAIL ROOM
95 DEC 11 PM 2:44
070 LAND MANAGEMENT, NM

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Agent Date 11/20/95
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

FARMINGTON DISTRICT OFFICE