Form	3160-5
(June	(990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROYED
Budget Bureau No. 1004-013:
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 34247

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

6. If Indian, Allottee or Tribe Name

	Ter ocon proposals				
SUBI	MIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation			
1. Type of Well Oil WEll Well Other	JUL 1-9-1993				
2. Name of Operator	O L. D.	B. Well Name and No.			
·	magnet Carry	Sheep Draw Fed. #4			
Collins & Ware, In 3. Address and Telephone No.	ic.	9. API Well No.			
303 W. Wall, Ste.	2200, Midland, TX 79701	10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Happy Valley (Delaware			
330' FSL & 2310' FWL of Sec	28	11. County or Parish, State			
N. Sec. 28, T22S, R26E		Eddy Co., NM			
 CHECK APPROPRIATE BO 	X(s) TO INDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA			
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent	Abandonment	Change of Plans			
<u></u>	Recompletion	New Construction			
Subsequent Report	Plugging Back	_			
	Casing Repair	Non-Routine Practuring			
Pinal Abandonment Notice	Altering Casing depth	Water Shut-Off			
	Other depth	Conversion to Injection			
	C Other	Dispose Water			
3. Describe Proposed or Completed Operations (Classic com-		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
give subsurface locations and measured and true ve	e all pertinent details, and give pertinent dates, including estimated date of a rtical depths for all markers and zones pertinent to this work)*	tarting any proposed work. If well is directionally drilled,			

As per conversations with Mike Williams of NMOCD & Shannon Shaw of BLM, 13 3/8" Surf. csq. will be set @ 350' instead of 450'. Also the intermediate hole size drilled will be 11" instead of 12 1/4".



14. I hereby certify that the foregoing is true and correct	<u></u>			
Signed Max Guerry	Title _	Regulatory Manager	Date _	7-8-93
Ohls space for Poderal or State office use) Approved by ORIGE SCILL R. GILASS Conditions of approval, if any:	Title _		Petc_	