Form 3160-5
(June 1990)

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

5. Lease Designation and Serial No.: NMSF 078563

6. If Indian, Allottee or Tribe Name: NA

7. If Unit or CA, Agreement Designation: NA

1. Type of Well: [X] Oil Well [ ] Gas Well [ ] Other

8. Well Name and No.: BYRD NO. 6-23

2. Name of Operator: UNIVERSAL RESOURCES CORPORATION

9. API Well No.: 30-039-25531

3. Address and Telephone No.: 1331 17th Street Suite 300, Denver, CO 80202 303-672-6970

10. Field and Pool, or Exploratory Area: LYBROOK GALLUP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description): 2300' FNL; 770' FEL SE/4 NE/4 23-T24N-R7W

11. County or Parish, State: Rio Arriba, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[X] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[ ] Other _____	[ ] 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.)*

Universal Resources pressure tested the 4 1/2" casing and the 4" frac valve to 4300 pounds on the Byrd 6-23 on October 10, 1995. Held okay.

Press Test Only
GJC

RECEIVED
JUN 17 1996
OIL CON. DIV.
DIST. 3

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

Signed _____ Title COORDINATOR, ADMINISTRATION Date 3-4-96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 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.

*See Instruction on Reverse Side