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N.M Oil Division

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une 1990) DEPARTMEN	red states 311 3, 1st 32 et it of the interior Arts, a, NM 38210-2 LAND MANAGEMENT	PORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.
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		NM31263 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Type of Well Oil X Gas Well Other		8. Well Name and No.
2. Name of Operator		Amoco Federal #1
MNA Enterprises Ltd. Co.  3 Address and Telephone No.		9. API Well No.
106 W. Alabama Hobbs, NM 88242		30-005-60233  10. Field and Pool, or Exploratory Area
4 Location of Well (Footage Sec. T. R. M. or Survey Description)		19100 "LL"Oueen Assoc.
G Sec 23, 14S, 29E 1980/N 1980/E		11. County or Parish, State
SW/4 NE/4		Obassas Co. NV
		Chaves Co, NM
2 CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	N
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	X other Return to product	ion Dispose Water (Note: Report results of multiple completion on Well
3 Describe Proposed or Completed Operations (Clearly state a	3/28/95 Il pertinent details, and give pertinent dates, including estimated date of start	Completion or Recompletion Report and Log form.)
	cal depths for all markers and zones pertinent to this work.)*	, , , , , , , , , , , , , , , , , , , ,
Swab well and connect to	existing pipeline $2/1/99$	
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	St. C. P. K. L. S.	, entered
	$c_{2\alpha}$	APR 15 (-sp
		1898 L. RES MANAGERIES
		LAT OF LAND MANAGEMENT 28008L RESOURCE AREA
		seap
14. I hereby certify that the foregoing is true and correct		
Signed & anul M. Alxand	L Tide Manager, MNA Enterprise	es Ltobate 4-7-98
(This space for Federal or State office use)		

Approved by \_\_\_\_\_\_\_ Conditions of approval, if any: