orm 3160-5		D STATES	FORM APPROVED Budget Bureau No. 1004-0135				
une 1990)		OF THE INTERIOR	Expires: March 31, 1993				
BUREAU OF I		ND MANAGEMENT	5. Lease Designation and Serial No.				
SUNDRY NOTICES AND REPORTS ON WELLS		NMLC045818A 6. If Indian, Allottee or Tribe Name					
Do not use this fo U	rm for proposals to drill	or to deepen or reentry to a different reservoir PERMIT—" for such proposals					
	SUBMIT II	N TRIPLICATE	7. If Unit or CA, Agreement Designation				
I. Type of Well Oil Gas Well Well			8. Well Name and No.				
2. Name of Operator BABER WELL SERVICING COMPANY 3. Address and Telephone No.			HASTIE #5 9. API Well No. 30-015-01417 10. Field and Pool, or Exploratory Area				
					P.O. BOX 1772, HOBBS, NM 88241 (505) 392-5516 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		EMPIRE YATES SEVEN RIVER
					• • • • •	-	
	5F 18, 17S, 28E	TO ENLE 1734 FWL	EDDY				
CHECK	APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA				
TYPE OF	SUBMISSION		N				
Notice o	of Intent	Abandonment	Change of Plans				
F			New Construction				
		Plugging Back	The source rescaring				
KX Subsequ	ent Report		Water Shut-Off				
	ent Report bandonment Notice	Casing Repair Altering Casing	Water Shut-Off				
Final Al	bandonment Notice	Casing Repair Attering Casing XXX Other Shut in well	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
Final Al	bandonment Notice mpleted Operations (Clearly state all p ations and measured and true vertical	Casing Repair Attering Casing XXX Other Shut in well	Conversion to Injection Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) rting any proposed work. If well is directionally drilled,				
Final Al	bandonment Notice mpleted Operations (Clearly state all p ations and measured and true vertical	Casing Repair Altering Casing XXX Other <u>Shut in well</u> ertinent details, and give pertinent dates, including estimated date of stan depths for all markers and zones pertinent to this work.)*	Conversion to Injection Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) rting any proposed work. If well is directionally drilled,				
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