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Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCT - 9 1991

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

Expires: March 31, 1993

O. C. D.

5. Lease Designation and Serial No.

ARTESIA OFFICE

LC 045818A

SUBMIT IN TRIPLICATE  1. Type of Voil	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
Subsect of Operators   Subsect of Operators   Subsect of Operators	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
3.0-015-01418 P.O. BOX 1772 HOBBS, NM 88240 4. Location of Well (Fosuage, Sec., T. R., M., or Survey Description) Unit Letter C : 990 Feet from the N Line and 1650 Feet From the W Line. Sec 18 Twn 17S , R 28E ,  From the W Line. Sec 18 Twn 17S , R 28E ,  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent W Subsequent Report Princh Abandonment Recompletion New Construction Non-Routine Fracturing Abandonment Recompletion Non-Routine Fracturing Abandonment Recompletion Non-Routine Fracturing Abandonment Notice Abandonment Report Cataging Repair CHANGE OF OPERATOR Diplome Water Non-Routine of Experiment details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally driller give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*  CHANGE OF OPERATOR EFFECTIVE DS-01-91 FROM: BLUE SKY PRODUCTION TO: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241  14. 1 hereby certify that the foregoing it may able notifies and the contraction of the completion of the	X Oil Gas Well Other  2. Name of Operator		HASTIE #6
Unit Letter C: 990 Feet from the N Line and 1650 Feet 11. County or Parish, State From the W Line. Sec 18 Twn 175 , R 28E ,  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION TYPE OF ACTION  Notice of Inten Subsequent Report Recompletion Non-Recompletion Non-Routine Friend Abandonment Notice  Abandonment Notice Subsequent Report Recompletion Change of Plans Hering Casing Repair  To the Recompletion (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilted give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  To: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241  14. I hereby certify that the foregoing it proposed work as a subsupple of PRESIDENT  Title Date  Ti	3. Address and Telephone No. P.O. BOX 1772 HOBBS, NM 88240		10. Field and Pool, or Exploratory Area
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Notice of Intent  Subsequent Report  Final Abandonment Notice  Altering Casing CHANGE OF OPERATOR  Tours subsurface locations and measured and true vertical depths for all markets and tones pertinent to this work.)*  CHANGE OF OPERATOR EFFECTIVE  CHANGE OF OPERATOR  This work of the well is directionally drilled to this work.)*  CHANGE OF OPERATOR  This work of the well is directionally drilled to this work.)*  Date This change of Plance  CHANGE OF OPERATOR  CHANGE	Unit Letter C: 990 Feet from the N Line and 1650 Feet		11. County or Parish, State
TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Notice of Intent  Abandonment  Recompletion  New Construction  New Set of Plans  New Construction  New Set of Plans  New			
Notice of Intent			11, ON OTHER DATA
FROM: BLUE SKY PRODUCTION  TO: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241  14. I hereby certify that the foregoing is true and correct Signed G.A. BABER The conference of the present of	Subsequent Report  Final Abandonment Notice  13. Describe Proposed or Completed Operations (Clearly state a	Recompletion Plugging Back Casing Repair Altering Casing CHANGE OF OPERAT  Other CHANGE OF OPERAT	New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection TOR Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
TO: BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241  14. I hereby certify that the foregoing & true add. coffeet Signed G.A. BABER To the foregoing & true add. coffeet  Title PRESIDENT  Approved by Title Date	CHANGE OF OPERATOR EFF	ECTIVE <u>09-01-91</u> .	
P.O. BOX 1772 HOBBS, NM 88241  14. I hereby certify that the foregoing is true and entreet  Signed G.A. BABER  (This space for Federal or State office use)  Approved by  Date	FROM: BLUE SKY PRODUC	TION	
Signed G.A. BABER  (This space for Federal or State office use)  Approved by  Title PRESIDENT  Date 9-1-91	P.O. BOX 1772		
Approved by Title Date	$\wedge$	Title PRESIDENT	Date 9-1-91
	Approved by	Title	Date

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.