Form 3160-5

## **UNITED STATES**

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FORM APPROVED
Budget Bureau No. 1004-0135

June 1990)		r of the interior	OCT - 9 1991	Expires: March 31, 1993
	BUREAU OF L	AND MANAGEMENT	0.00	5. Lease Designation and Serial No.
	SUNDRY NOTICES	AND REPORTS ON WELLS	O. C. D. ARTESIA CEFICT	I.C 045818A  6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.				6. If Indian, Another of Tribe Ivalia
DO NOT L	Use "APPLICATION FOR	PERMIT—" for such proposals	3	
				7. If Unit or CA, Agreement Designation
	SUBMIT	IN TRIPLICATE		
i. Type of W	cll		4. 2.2.	
X Oil Gas Other				8. Well Name and No.
2. Name of Operator				HASTIE #8
BLUE SKY PRODUCTION COMPANY				9. API Well No. 30-015-01424
3. Address and Telephon No.				10. Field and Pool, or Exploratory Area
P.O. BOX 72 HOBBS, NM 88240  4. Location of Well (F oge, Sec., T., R., M., or Survey Description)				EMPIRE (Y-SR)
Unit Letter F : 2310 Feet from the N Line and 2310 Feet				11. County or Parish, State
				EDDY CNTY, NEW MEXIC
From	the W Line. Sec 18	Twn 17S , R 28E ,		LEBST CIVITY TELET
12.	CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF	NOTICE, REPOR	RT, OR OTHER DATA
	TYPE OF SUBMISSION TYPE OF ACTI			
		Abandonment		Change of Plans
	L_I Notice of Intent	Recompletion		New Construction
	X Subsequent Report	Plugging Back		Non-Routine Fracturing
	Sassequent traper.	Casing Repair		Water Shut-Off
	Final Abandonment Notice Altering Casing			Conversion to Injection
		XX OtherCI	IANGE OF OPERAT	_ C Dispose water
				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (nrm.)
13. Describe	Proposed or Completed Operations (Clearly state a	Il pertinent details, and give pertinent dates, inch	iding estimated date of starting	g any proposed work. If well is directionally drilled,
give	subsurface locations and measured and true verti	cai depuns for all markers and zones periment t	o una work.)	
change of operator effective <u>09-01-9)</u> .				
	FROM: BLUE SKY PRODUC			
	TO: BABER WELL SERV	TCTNG COMPANY		
	P.O. BOX 1772			
		241		
			$\int$	
			$\checkmark$	
	zi.			
14 I berehv	certify that the foregoing is true and correct	7		
-	G.A. BABER To	er Stide PRESIDENT		Date 9-1-91
	pace for Federal or State office use)	y Time		
•		/		Date
Approve Cendition	ed by ons of approval, if any:	Title		Date