Form 3160-5 (June 1990)

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

FORM APPROVED
Budget Bureau No. 1004-()135
Expires March 31, 1993

		CAPITES					
5	Lease	Designation	on	and	Ser	al	No
A	M	:04	6	6	1		-

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill to to despen or reantly to a different reservoir.  SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SUBMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If that or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent Despendent Despendent SubMIT IN TRIPLICATE  1. If the or CA. Agreement Despendent SubMIT IN T	SUNDRY NOTICES AND	REPORTS ON WELLS			
SUBMIT IN TRIPLICATE  1 Type of Well    Can   Ca	Do not use this form for proposals to drill or	6. If Indian, Allones or Tribe Name			
Type of Well   Well   Well   Well   Well   Well   Well   No. 1   Ment of Operation   Well   Well   Well   No. 1   Ment of Operation   Well   Well   No. 1   Address and Telephone No.   30. 015 - 03853   P. O. Box 5970, Hobbes, NM 88241-5970 (505) 377.3596   10 Finish and Pool or Experience And Photographic No.   10 Finish and Pool or Experience And Photographic No.   10 Finish and Pool or Experience And Photographic No.   10 Finish and Pool or Experience And Photographic No.   10 Finish Analysis   10 Finish		7. If Unit or CA, Agreement Designation			
Notice of lateral					
None of Operation   TR-11, Well No.1   TR-11, Well No.1   Address and Telephone No. P. O. BOX 5970, HOBBS, NM 28241-5970 (505) 397.3596   10 Falls and Pool or Exposition No. P. O. BOX 5970, HOBBS, NM 28241-5970 (505) 397.3596   10 Falls and Pool or Exposition No. West   Trough and West   Trough an	- C	TION			
3. Address and Telephone 160.  P. O. Box 5970, Hobbs, NM 88241-5970 (505) 397.3596 10 First and Pool or Experiency Ann Pool of Experiency	1 Name of Operator				
F. D. BOX 5970, HOBBS, NM 88241-5970 (505) 397-3596 10 Field and Pool, or Expansion Arts  4. Location of Well (Foodge, Sec., T. R. M., or survey Description)  3300 FSL, (algo FWL; Sec. 4, T165, R.30.E  12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Interes   Abandooment   Notice   Recompletion   New Construction   New Constructi		RATI'O~	9. API Well No.		
# Location of Well (Fooder, Sec. T. R. M., or larvey Description)  ### HENSHAW GB - WEST  ### HENSHAW GB - WEST  #### TILL Compt or Parish, Sales  #### EPDPY , NM  #### CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  #### TYPE OF SUBMISSION  ##### Notice of Island  #### Notice of Island  #### Notice of Island  #### Notice of Island  #### Subsequent Report  #### Notice of Island  #### Subsequent Report  #### Describe Proposed or Completed Operations (Clearly state all particles)  #### Subsequent Report  #### Describe Proposed or Completed Operations (Clearly state all particles)  ##### United Subsequent Report  ##### Describe Proposed or Completed Operations (Clearly state all particles)  ###################################	P. O. ROX 5970 HORRS AN	MA DROUL-5970 (505) 3500	30-015-03853		
3300 FSL, GOLD FWL; Sec-4, TIGS, R.30.E  THEODY, NM  CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Now considered properties of the submission	4. Location of Well (Footage, Sec., T., R., M., or Survey Description	bu) 3210 - 331-2230			
TYPE OF ACTION    Notice of Intern	3300 FSL, 660 FWL	; Sec-4, T165, R.30.E	11. County or Parish, State		
TYPE OF ACTION    Notice of Intern	CHECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA		
Subsequent Report		······································			
Subsequent Report	Notice of Intent	Abandonment	Change of Plans		
Final Abandonment Notice   Casing Repair   Waser Shut-Off		Recompletion			
Final Abandonnem Notice   Alexing Casing   Conversion to Injection   Other   Conversion to Miles Competing as we conversed and inversion details, and give pertinent dates, including estimated date of starting any proposed work If well is directionally of conversion and measured and time vertical depths for all markers and zones pertinent to this work.)*    Ability   Cheeck   test   W   Conhibited   Flewed   The conversion   Other   Conversion   Other   Conversion   Other	Subsequent Report		Non-Routine Fracturing		
Dispose Water  13 Describe Proposed or Completed Operations (Clearly state all perment details and give perment dates, including estimated date of starting any proposed work if well is directionally dried  give subsurface locations and measured and time vertical depths for all mattern and zones perment to this work?    bill check / test w/ inhibited flewed the integrity    of tubing - casing annulus. This well needed to support    production on Tr.1+ well No.4, and also any new    well dwilled as part of the under shudy infield    dnilling program.     Operation of the starting and the correct of the support of the support of the starting and the correct of the support of sup	Final Abandonment Notice	,			
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 are as well and the content and measured and one vertical depths for all markers and zones pertinent to this work;    bill check					
well drilled as part of the under shedy infield dilling program.  14. I hereby certify that the foregoing a time and correct by Conditions of approval by CORIG SODD 1257 1779 Title  Conditions of approval, if any:  1. It is not specifically approval of approval, if any:  1. It is not specifically approval if approval if approval					
Signed Land Confidence of Title Porclant  Title Porclant  Title Porclant  Title Porclant  Title Porclant  Title Porclant  Title Date 11/7/94  Conditions of approval, if any:	of tubing - casing production on well drilled	Tr.1- well No.4, and a as part of the under m.	excled to support to support the support RECEIV RECEIV RECEIV RECEIV		
Approved by Conditions of approval, if any:  Title Title Date 11/7/94	100- 11-11-12-12	Tille Perrolant	RC Hery 94		
to the first wind and the first warrend and the first of	Approved by ORIG SCD 155 C 157	a comparation designable	11764		
	•		and the second		