Form 3160-5 (July 1989) (Formerly 9-331)	UNITED STAT DEPARTMENT OF THE BUREAU OF LAND MAN	WTEROR (Other lintructi	NUI   Modified Form No	ERIAL NO.
SUN (Do not use this	DRY NOTICES AND RE	PORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TE	IBE NAME
OIL X GAS WELL	OTHER CARD	30 <b>E</b>	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR	Alter	3a. Area Code 8		<del></del>
	Corporation /	(505) 748-	FOSLEI Eddy	
3. ADDRESS OF OPERATOR	217, Artesia, NM 8821	0 DECENT	9. WELL NO.	
4. LOCATION OF WELL (R See also space 17 belo	eport location clearly and in accordan	1/20	7 10. FIELD AND POOL, OR WILD	CAT
At surface	) FNL 1650 FEL	OCT 17	7 '90 Grbg Jackson SR Q  11. SBC., T., B., M., OR BLK. ANS SURVEY OR AREA	
		ტ C	Sec. 17-T17S-R31E	
30-015-26230		w whether Dr. RT, GR. etc.) 3749.0' GR ARTESIA.		_
TEST WATER SHUT-OF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Ext  17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	MULTIPLE COMPLETE ABANDON* CHANGE PLANS CONSISTED OF APD	all pertinent details, and give pertinurface locations and menaured and the requests an extension	DIDIZING ABANDONMENT*  port results of multiple completion on Well or Recompletion Report and Log form.)  Inent dates, including estimated date of stature vertical depths for all markers and go	

\*See Instructions on Reverse Side

TITLE Production Clerk

(This space for Federal or State office use)