Form 3160-5 (June 1990)

representations as to any matter within its jurisdiction.

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

h.M. Oil Con Division

811 S. 1st Street

FORM APPROVED Artagia, NM 88210-2833 et Bureau No. 1004-0135 CISF

Expires: March 31, 1993

RFCEIVED

5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different position.	LC 030570B
Use "APPLICATION FOR PERMIT" for such proposals	6. If Ilidali, Alottee of Thise Name
SUBMIT IN TRIPLICATE	7. If Virtual CA: Agreement Designation
Type of Well: OIL SAS OTHER	8. Well Name and Number LOCO '25' FEDERAL COM.
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	1
Address and Telephone No. P.O. Box 2100, Denver Colorado 80201 (303)621-4851	9. API Well No. 30-015-29476
Location of Well (Footage, Sec., T., R., M., or Survey Description)	10. Field and Pool, Exploratory Area CEDAR LAKE MORROW, LOCO HILLS ATOKA,
Unit Letter K: 2140 Feet From The SOUTH Line and 1980 Feet From The	
NEST Line Section 25 Township 17-S Range 30-E	11. County or Parish, State EDDY , NM
Check Appropriate Box(s) To Indicate Nature of Notice, Re	eport, or Other Data
TYPE OF SUBMISSION	YPE OF ACTION
Abandonment Recompletion Plugging Back	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
Altering Casing	Conversion to Injection
Final Abandonment Notice OTHER: SPUD, SURF CSG, INTI	ER CSG Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per per per per per per per per per per	ZERS. CF/S). F/B 150 SACKS CLASS C SACKS. IM TO 6:00 AM 04-28-97. NC-50 LTC, TOTAL PIPE AND FLOAT PP (12.4 PPG, 2.14 CF/S). F/B 500 SACKS 184 SACKS.
14. I hereby certify that the foregoing is true and correct SIGNATURE C. P. Bashom SR H. TITLE Eng. Assistant.	DATE 6-4-9
TYPE OR PRINT NAME Sheilla D. Reed-High	
(This space for Federal or State office use) APPROVED CONDITIONS OF APPROVAL, IF ANY: TITLE	DATE