Form 24 co. c		
Form 3160-5 (June 1990) UN		
	TED STATES	
RIPEALLAS	NT OF THE INTERIOR	FORM APPROVED
BOREAU OF	LAND MANAGEMENT	Dudget Bureau No. 1004 or or
0100-0		Expires: March 31, 1993
Do not use this form	AND REPORTS ON MELLO	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 reservoir. Use "APPLICATION FOR PERMIT-" for such proposale		NMNM54184
Use "APPLICATION FC	R PERMIT "	6. If Indian, Allottee or Tribe Name
	Il or to deepen or reentry to a different reservo DR PERMIT-" for such proposals	
1. Type of Well	IN TRIPLICATE	7. If Unit or CA Arm
//		7. If Unit or CA, Agreement Designation
2. Name of Operator		
Melrose Operating Co		8. Well Name and No.
3. Address and Telephone No		Dunn B Federal # 12
PO Box 5061 Midland TX 70704		9. API Well No.
4. Location of Well (Footage Sec. 7		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		30-015- 0/808
GODFNL, 1980FF/ R		10. Field and Pool, or Exploratory Area
Sec. 10, T18S, R28E		Artesia (QN-GB-SA)
		11. County or Parish, State
2. CHECK APPROPRIATE		
OTTECK APPROPRIATE BOX(s) T		Eddy Co., NM
TYPE OF SUBMISSION	OF NOTICE, REPORT O	ROTHERDATA
2 OF COBMISSION	E BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
Notice of Intent	TYPE OF ACTION	
	Abandonment	
Subsequent Report	Recompletion	Change of Plans
	Plugging Back	New Construction
Final Atom		Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
	Altering Casing	
	Other Change of Operator	Conversion to Injection
		Dispose Water
Describe Proposed or Completed Operation	l pertinet details, and give pertinent dates, including estimated date of a and true vertical depths for all markders and zones pertinent to this wor	(Note: Report name
directionally drilled, give subsurface berations (Clearly state al	l pertinet details, and give pertinent dates, including estimated date of a and true vertical depths for all markders and zones pertinent to this wor	Completion or Recompletion Report and Log form.)
nd Coverage: Statewide Bond - State of New N M Bond File No.: <u>MM2760</u>	162.3, we are notifying you of change of operator on the applicable terms, conditions, stipulations and restrictions d. fexico	e above referenced well. s concerning operations
in the dedices, mc.		
ange of Operator Effective: December 1, 1999		
December 1, 1999		
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reby certify that the foregoing is true and correct		
Manual of the going is true and correct		
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age for Federal or State office use)	I THE VICE-President	
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