-		M OIL CONS COMMISS
	l l	MOIL OD 1010
Form 3160-5	UNITED STATES	
	IMENT OF THE INTERIOR	Les Bildget Bureau No. 1004-0135 Expires: March 31, 1993
	OF LAND MANAGEMENT	5. Lease Designation and Serial No.
DORLAG		NMLC063621
SUNDRY NOT	CES AND REPORTS ON WELLS	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.	
Use "APPLICATIO	N FOR PERMIT—" for such proposals	
		7. If Unit or CA, Agreement Designation
	BMIT IN TRIPLICATE	
1. Type of Well です Oil 「Gas」		8. Well Name and No.
Vill Gas Well Other		Aston Federal #1
2 Name of Operator		9. API Well No.
Chuza Operating 3 Address and Telephone No	/	30-015-10043
c/o Box 953, Midland, Te	xas 79702	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or S		Loco Hills (Queen Grayburg
1650' FSL & 990'FEL		11. County or Parish, State SA
Sec. 7, T-18-S, R-30-E	Unit letter I	
566. // 1 10 5/ K 50 E		Eddy, NM
12 CHECK APPROPRIATE	BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
	Abandonment	Change of Plans
Notice of Intent	Recompletion	
Subsequent Report	Plugging Back	Non-Routine Fracturing
LOJ Subsequent Report		Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
LJ Final Abandonment Notice	X Other Change of operator	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)
13 Describe Proposed or Completed Operations (Clear	state all pertinent details, and give pertinent dates, including estimated date of starti	
	we vertical depths for all markers and zones pertinent to this work.)*	
	0.0-5(a) and 43 CFR 3162.3 we are notify	ying you of a change of
operator on the above ref	erenced lease.	EIVEN
ature or continue of the second		
chuza Operating, as new C	perator, accepts all applicable terms, o	portion of loss described
and restrictions concerns	ng operations conducted on the lease or	1 1 1995
	eral bonding requirements as follows (43	
Bond Coverage	: Statewide	ON. DIV.
BLM Bond File		
	DI	ST. 2 »~
The effective date of thi	s change is Jan. 1, 1995.	REAF
		6 <i>in</i>
	RI	
		UT AN
	V/	S T L
14 I hereby certify that the top going A instant for	at .	51
Signed	Title Regulatory Agent	Date <u>3-31-95</u>
(This space for Federal or State office use)		
Approved by	Tule	Date
Conditions of approval, if any:		
	y person knowingly and willfully to make to any department or agency of the Unit	ed States any false, fictitious or fraudulent statements
or representations as to any matter within its jurisdict		
	*See instruction on Reverse Side	