| Form 3160-5 (December 1989) | DEPARTMEN BUREAU OF | TED STATES NT OF THE INTERIOR LAND MANAGEMENT | | | FORM APPROVED Budget Bureau No. 1004-0135 Expires: September 30, 1990 5 Lease Designation and Serial No. USA NM 14768-A | | | | |
|---|--|---|--|---------------------------------------|---|--|--|--|--|
| Do not use this | form for proposals to di | AND REPORTS ON WELLS rill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals | | | 6. If Indian. Allottee or Tribe Name | | | | |
| | SUBMI1 | IN TRIPLICAT | ΓE | RECENSED | 7. If Unit or CA. Agreement Designation | | | | |
| 1. Type of Well Oil Well X Ga 2. Name of Operator Union Pacif | ic Resources Compan | лу / | | SEP 21 '90 | 8. Well Name and No. Reeves Federal #1 9. API Well No. | | | | |
| 3. Address and Telephon | | | | O. C. D. | 300152125700 | | | | |
| | - MS 3407, Fort Wor otage, Sec., T., R., M., or Survey D | | 76101-0007 | APT (1941 20) +188 7-7325 | T | | | | |
| | 35-T21S-R27E NMPM | escription) | | | E. Carlsbad Wolfcamp 11. County or Parish. State Eddy, NM | | | | |
| 12 CHECI | K APPROPRIATE BOX(| s) TO INDICAT | E NATURE | OF NOTICE, REPOR | RT, OR OTHER DATA | | | | |
| TYPE C | FSUBMISSION | | | TYPE OF ACTION | | | | | |
| | e of Intent | | Abandonment Recompletion Plugging Back | | Change of Plans New Construction Non-Routine Fracturing | | | | |
| Final | Abandonment Notice | | Casing Repair Altering Casing Other | | Water Shut-Off | | | | |
| | | (Note: Report results of multiple completion on Well Completion Recompletion Report and Log form.) | | | | | | | |
| give subsurface (Notification Pacific Reso | Completed Operations (Clearly state a locations and measured and true vertion of corporate <u>Name</u> ources <u>Company</u> to b . Operator did not | cal depths for all market <u>Change</u> <u>Only</u> Detter ident: | is and zones pertine y from Cha | nt to this work.)* mplin Petroleum | g any proposed work. If well is directionally drilled. Company to Union y, Union Pacific | | | | |
| | | | Ç. | · · · · | RECEIVED Sep 17 2 10 PH '90 | | | | |

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|--|-------------------------|---------|
| Approved by Conditions of approval, if any: | Title | Date |
| (This space for Federal or State office use) | | ····· |
| I hereby certify that the foregoing is true and correct Signed usa (usan) | Tule Regulatory Analyst | 9/12/90 |

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|---|---|----|----------|---------|---|----------|---|------|------|
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