Form 3160-5 (November 1983) (Formerly 9-331)	UNI STA DEPARTMENT OF THI BUREAU OF LAND MA	E INTERIOR NAGEMENT	(Other instructions on r verse side)	5. LEAS	orm approved. lidget Bureau No cpires August 3 IE DESIGNATION AN MO144698 NDIAN, ALLOTTEE C	1, 1985 Nd Berial No.	
(Do not use thi	NDRY NOTICES AND RE is form for proposals to drill or to de Use "APPLICATION FOR PERMIT	epen or plug back to				·····	
I. OIL GAS WELL WELL	X OTHER		MAY 3 1 1991		T AGREEMENT NAM		
2. NAME OF OPERATOR			O. C. D.				
	xploration, Inc.		ARTESIA COFFEE	<u> </u>	perior Fede	ral	
3. ADDRESS OF OPERAT							
3131 Turtle	e Creek Blvd, Suite 400) Dallas, TX	<u>75219–5415</u>	6	LD AND POOL, OR	WILDCAT	
4. LOCATION OF WELL See also space 17 b At surface	(Report location clearly and in accord elow.)	ance with any State	requirements.	Bui	rton Flat M C., T., B., M., OR BL SURVEY OR AREA	<u>íorrow Eas</u> t	
660' FSL &	1980' FWL Unit N			Sec	c 6 T20S	R29E	
14. PERMIT NO.	15. ELEVATIONS (S	Show whether DF, RT, C	iR, etc.)	12. CO	UNTY OR PARISH	13. STATE	
					Eddy	NM	
16.	Check Appropriate Box T	o Indicate Natur	e of Notice, Report, or	r Other D	ata		
	NOTICE OF INTENTION TO :	1	SUBS	EQUENT REF	OBT OF:		
TEST WATER SHUT	PULL OR ALTER CASI		WATER SHUT-OFF		REPAIRING W	ELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CAS	SING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMEN	r•	
REPAIR WELL	CHANGE PLANS		(Other)				
		XX	(NOTE : Report resu Completion or Reco	ults of mult apletion Re	iple completion o	n Well n.)	
(Other)	OR COMPLETED OPERATIONS (Clearly st If well is directionally drilled, give	· · · · · · · · · · · · · · · · · · ·	ally and alve postinget de	tos includi	or estimated date	of starting any	
The Petrol	operator from eum Corporation of Dela e Creek Blvd, Suite 400 75219-5415						
Effective	April 1, 1991						
			9	ССЕРТЕ	CEPTED FOR RECORD		
			· ·	G MA	, ¥ 3.0.1991		
				VRISBAE). NEW MEX	de h	
2	4						
SIGNED	hat the foregoing is frue and correct		ction Rpt'g Super	visor	DATE May	21, 1991	
(This space for	ederal or State office use)						
APPROVED BY _ CONDITIONS OF	P APPROVAL, IF ANY :	TITLE			DATE		
	*S	ee Instructions of	n Reverse Side				

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