Form 3180-5 (June, 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

NM OIL JONS COMMISSION Drawer DD

FORM APPROVED 88230 Burney No. 1004-0135

	BUREAU OF LAND MANAGEMENT					Expires: March 31, 1993										
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill, or to deepen or resntry to a different reservoir. Use "APPLICATION FOR PERMIT ——" for such proposals						5. Lease Designation and Serial No. NM 46275 6. If Indian, Allotte or Tribe Name —————										
									SUBMIT IN TRIPLICATE						or CA, Agreement Dec	nignation
									. Type of Well	 1					_	
X Oil Well	Gas Well	Ot	her	S. Well N	8. Well Name and No.											
. Name of Operator		Christin	e Pickart	Burton	Burton Flat B Federal No. 1											
Presidio Oil Company	Phone:	hone: (303) 850-1824			9. API Well No.											
Address and Telephone No.						30-015-24499										
5613 DTC Parkway, Ste 750, P.O. Box 6525, Englewood, CO 80155-6525						10. Field and Pool, or Exploratory Area										
. Location of Well (Footage, T, R, M, or Survey Description)						Avalon Bone Springs East										
1562' FNL & 560' FWL						11. County or Parish, State										
Section 1-T21S-R27E					1	Eddy County, NM										
CHECK APPROPR	ATE BOX(s) TO	INDICATE I	NATURE OF NO	TICE. REPOI			<u>_</u> _									
TYPE OF SUBMISSION			TYPE OF A		,											
		Aba	ndonment		Change o	of Plans										
Notice of Intent		X Reco	ompletion		New Con											
		- , ,	ging Back		h	utine Fracturing										
X Subsequent Report			ng Repair		Water Sh	-										
			ing Casing	**************************************	 	on to Injection										
Final Abandonment Notice		Othe	-		Dispose 1	-										
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						ne of multiple completion on										
3. Describe Proposed or Completed Ope	rations (Clearly state all					ompletion Report and Log fo	жm}.									
If well is directionally drilled, give subsur																
and the control of th			refuces depute for as in	Olle, C	perunent to this won	k.)-										
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See Attached Chi	ropological Wo	rkovor Bor	nosta.		*											
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. I hereby certify that the foregoing is true	and correct															
ligned: 1 / Nww	7	tate: Oper	rations Manage	<u>r</u>	Dam:January	<u>3, 1995</u>										
D. Steven Tipton, P.E.		Mid-	-Continent & G	ulf Coast												
(This space for Federal or State office	ı uee)		-													
pproved by:		Title:			Date:	,										
Conditions of approval, if any:																