c/SF

Form 3160-5 (November 1983) (Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

RECEIVED

Budget Bureau No. 1004-0135 Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

SEP 28 11 51 AM RECEIVED

CARLS... AREA ... OCT 15 '90

O. C. D. ARTESIA, OFFICE

1. OIL WELL [XX] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: L & T OIL CO.

3. ADDRESS OF OPERATOR: 2209 West Industrial Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit Letter A, 330' FNL + 330' FEL Section 11, T-21S, R-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3228 KB

2. LEASE DESIGNATION AND SERIAL NO.: NM-14768B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Wilderspin Federal

9. WELL NO.: 2

10. FIELD AND POOL, OR WILDCAT: N.W. Fenton (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 11, T-21S, R-27E

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	X	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other)				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Perforate 5300-5310 5324-5339 Acidize w/ 1500 gallons. Swab back if frac indicated.

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE President DATE 9-27-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-10-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side