rm 3160-5 ine 1990)		STATES F THE INTERIOR D MANAGEMENT C REPORTS ON WELLS to deepen or reentry to a different res	FORM APPROVED Budget Burean No. 1004-0135 Expires: March 31, 1993 -283 5. Lesse Designation and Scriel No. NM-14847
S Do not use this form Use	6. If Indian, Allouce or Tribe Name		
	7. If Unit or CA, Agreement Designation		
Type of Well Oil Gas Well X Well	8. Well Name and No.		
ASPEN OIL	, INC.		GREEN B FEDERAL #11 9. API Well No.
Address and Telephone No.	<u>.</u>	30-015-23754 10. Field and Pool, or Exploratory Area	
C/O OIL REP	ORIS & GAS SERVICES, IN Soc., T., R., M., or Survey Descript	EMPIRE MORROW, S (GAS)	
UNIT J, SI	11. County or Parish, State EDDY CO., NM		
CHECK A	PPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE,	
TYPE OF SU		TYPE OF A	
Notice of Is	nicat	Abandonment	Change of Plans
		Recompletion Plugging Back Casing Repair	New Construction Non-Routine Fracturing Water Shut-Off
Final Aban	domment Notice	Altering Casing Attering Casing Cother	Conversion to Injection Dispose Water (Nete: Report results of multiple completion on Well
Describe Proposed or Comp	icted Operations (Clearly state all perti	next details, and give pertinent dates, including estimated dat	Completion or Recompletion Report and Log form.) te of starting any proposed work. If well is directionally drilled,
give subsurface locatio	as and measured and true vertical dep	othe for all markers and zones pertinent to this work.)*	Ą
ACDZ'D W/	JUL		
			REMITED OCD - ARTESIA
		ACCEPTED FOR RECO	
		JUL 0 1 1998	
14. I hereby certify that the for Signod	Jefar a	AGENT	06/19/98
(This space for Federal or	State office use)		-
Approved by Conditions of approval, if	eny:	Tak	Date
Title 18 U.S.C. Section 1001, or representations as to any m	makes it a crime for any person know unter within its jurisdiction.	vingly and willfully to make to any department or agency o	f the United States any false, fictitious or fraudulent statements
		*See Instruction on Reverse Side	