June 1990) DEPARTMENT O BUREAU OF LAN SUNDRY NOTICES AN	r to deepen or reentry	to a different reservoir.	FORM APPROVED				
Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIPLICATE 1. Type of Well Gas Submit in triplicate Submit in triplicate 2. Nume of Operator Other 2. Nume of Operator TOCO, L.L.C. 3. Address and Telephone No. P.O. Box 888, Hobbs, NM 88241 505-392-7050 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 2310' FWL, Sec. 15, T-20S, R-29E			 7. If Unit or CA, Agreement Designation 8. Well Name and No. Federal 15 #1 9. API Well No. 10. Field and Pool, or Exploratory Area E. Burton Delaware 11. County or Parish, State Eddy County, NM 				
				12. CHECK APPROPRIATE BOX(s)	TO INDICATE NATU	RE OF NOTICE, REPOI	RT, OR OTHER DATA
				TYPE OF SUBMISSION	TYPE OF ACTIO		
Subsequent Report	Abandonme Recompletion Plugging Bu Casing Rep	on ack	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off				
Final Abandonment Notice	Altering Casing Altering Casing Other pertinent details, and give pertinent dates, including estimated date of starti depths for all markers and zones pertinent to this work.)*		Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
13 Describe Proposed of Completed Operations (clearly state at per give subsurface locations and measured and true vertical de Operator proposes to drill well	to 2,000'with c	able tools instead	of rotary.				
14. I hereby certify that the foregoing is true and correct Signed	Tiule Presi	dent	Duic 9-19-96				
(This space for Federal or State office use) (This space for Federal or State of the St	Title		OCT 28 1000 Date				
Title 18 U.S.C. Section 1001, makes it a crime for any person kn or representations as to any matter within its jurisdiction.	owingly and willfully to make to *See Instruction on		ed States any false, fictitious or fraudulent stateme				