N.M Oil Cons. Jirision

311 S. 1st Stra **

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR AT M 53210-2834 Budget Bureau No. 1004-0135

PORM APPROVED

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		5. Lease Designation and Serial No.
		NM-0556290
		6. If Indian, Allottee or Tribe Name
Use "APPLICATION FOR I	PERMIT—" for such proposals	
CUDIUT II	N TRIDI IOATE	7. If Unit or CA, Agreement Designation
	N TRIPLICATE	_
1. Type of Well Oil Gas Well Well Other	(A)	S. Well Name and No.
Well	(c) 1007	FEDERAL 15 #1
TOCO L.L.C.	/65 Jtf; 1997	API Well No.
3. Address and Telephone No.	88241 (505) 393-2724 RIESIA	至10-015-29178
P. O. BOX 888, HOBBS, NM 4. Location of Well (Footage, Sec., T., R., M., or Survey Descr		Field and Pool, or Exploratory Area
4. Location of Well (Poolage, Sec., 1., R., M., or Survey Descr	species)	BURTON SR, EAST 11. County or Parish, State
330' FNL & 2310' FWL, S	EC 15, T20S, R29E	
		EDDY CO., NM
12. CHECK APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	4
X Notice of Intent	Absadonment	Change of Plans
	Recompletion	New Construction
. Subsequent Report	Plugging Bock	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Casing Repair Attering Casing	Conversion to Injection
Final Addinguisment Produce	X Other TEMPORARY ABANDONE	
		(Note: Report roudts of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe Proposed or Completed Operations (Clearly state all pe	ertinent details, and give pertinent dates, including estimated date of start	ing any proposed work. If well is directionally drilled,
give subsurface locations and measured and true vertical of	depths for all markers and zones pertinent to this work.)*	
ACIDIZED INTO WATER, RES	SEARCHING FEASIBILITY OF SQUEEZE J	OB. REQUEST TA
STATUS APPROVAL.		
		\mathcal{F}
(2)	9.4	97
<i>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</i>	A)	
12/4/9°	8	SEE ATTACHED FOR
, ,		DITIONS OF APPROVAL
	* أأنساني	
14. I hereby comify that the foregoing is true and correct	MANAGER	Date 11/05/97
Signod fare Steam	1106	Date 11/03/91
(This space for Federal or State office use) (ORIG. SGD.) LES BAB	YAK.	197 2 1 297 C
Approved by Conditions of approval, if any:	Title	Date
(ORIG. SGD.) ALEXIS C. SW	OBODA SERVICE	01.0 0 4 1997
(し口は、うない、) べたころう ごうかい	UDUUA	