

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

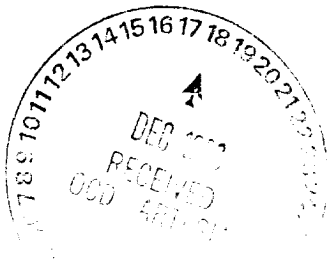
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM911
2. Name of Operator FASKEN OIL AND RANCH, LTD.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 303 W. WALL AVE., STE. 1800, MIDLAND TX 79701-5116 (915) 687-1777	7. If Unit or CA, Agreement Designation 18202
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 4277' FNL AND 1787' FEL SEC 1, T21S, R26E	8. Well Name and No. EL PASO FEDERAL NO. 11
	9. API Well No. 30-015-30465
	10. Field and Pool, or Exploratory Area BURTON FLAT, WEST (STRAWN)
	11. County or Parish, State EDDY CO., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

SEE ATTACHED REPORT.



(ORIG. SGD.) DAVID R. GLASS

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

Signed Tommy C. Taylor

Title DRILLING & PRODUCTION ENGINEER

Date 12/07/98

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

