Form	3160-5
(June	1990)

HIMITED STATES

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FIX	Artesia, NM 88210 FORM APPROVED Budget Bureau No. 1004-0135
	Expires: March 31, 1993
	THE PART PRINTERS AND SCIENTIVO.

UNITED	INI
DEPARTMENT OF	THE INTERIOR
RUPEAU OF LAND	

BUREAU OF L. SUNDRY NOTICES A	I or to deepen or reently to a compensation of the property of	s My	S. Lease Designation and Serial No. NM-3597 G. If Indian, Allottee or Tribe Name
	IN TRIPLICATE	ENFR exi	7. If Unit or CA, Agreement Designation
Type of Well Oil Well Well Other Name of Operator Barbara Fasken Address and Telephone No. 303 W. Wall, Suite 1900, Midla Location of Well (Footage, Sec., T., R., M., or Survey De	and, TX 79701 (915) ^a scription) , Sec. 17, T-23-S, R-23	T 18.94 D. OFFICE 1887-1777	8. Well Name and No. Mershon "17" Federal # 9. API Well No. 30-015-10368 10. Field and Pool, or Exploratory Area Chaves Undes. Penn 11. County or Parish, State Eddy, NM
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE O	F NOTICE, REPOR	T, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF ACTION	
Notice of Intent	Abandonment Recompletion		Change of Plans New Construction
Subsequent Report	Plugging Back Casing Repair		Non-Routine Fracturing Water Shut-Off Conversion to Injection
X Final Abandonment Notice	Altering Casing Other		Dispose Water

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.)*

Set CIBP @ 9615'; capped with 10 sacks of "H" cement. Circulated hole with mud.

8-11-94: Cut and pulled 7011' of 4-1/2" casing.

8-12-94: Spot 50 sacks of "H" cement @ 7064'.

Tagged plug @ 6910'. Spot 30 sacks cement @ 5100'. Spot 60 sacks of "C" cement @ 2050'. Tagged plug @ 1925'. Spot 30 sacks "C" cement @ 327'. Spot 10 sacks "C" cement from 50' to 5'. 8-15-94:

8-17-94: Cut off wellhead and weld on Dry Hole Marker.

Post ID-2 11-4-94 PXA

Completion or Recompletion Report and Log form.)

4. I hereby certify that the foregoing it trie and correct Signed	Title Operations Superintendent	Date 9-9-94
(This space for ederal or Star office use)		Date 10 (14/94
Approved by Conditions of approval, if any:	Tide	