

N.M. Oil Cons. Div. **RECEIVED**
 UNITED STATES 11 S. 1st Street
 DEPARTMENT OF THE INTERIOR, NM 98210-2534
 BUREAU OF LAND MANAGEMENT

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

215F

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
 Oil Well Gas Well Other

2. Name of Operator
 Mineral Technologies, Inc.

3. Address and Telephone No.
 600 N. Marienfeld Midland, Texas 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 660' FNL & 660' FWL
 Sec 18-T235-R25E

5. Lease Designation and Serial No.
 NM-0100958

6. If Indian, Allottee or Tribe Name
 NM-0100958-A

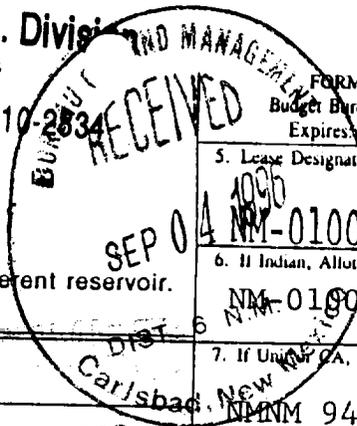
7. If Unit or CA, Agreement Designation
 NM 94485

8. Well Name and No.
 Dark Canyon #1

9. API Well No.
 30-015-21439

10. Field and Pool, or Exploratory Area
 Rock Tank, LWR Morrow

11. County or Parish, State
 Eddy, NM



OCT 10 1996

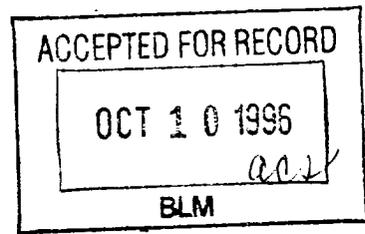
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>RWTP & install A/L</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)*

This well was previously classified as a shut in well capable of producing gas in pay quantities but did not have a low pressure gas line. An attempt was made to pump the well into a high pressure gas line and the well was returned to production.



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

Signed [Signature] Title President Date 8/8/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.