Form 3160-5	.TED STA	TEC	-	
(August 1999)	DEPARTMENT OF TH			FORM APPROVED OMB No. 1004-0135
BUREAU OF LAND MANAGENER				Expires November 30, 2000
SUNDRY NOTICES AND MALON CONS. UNISIL			X · · · · · ·	5. Lease Serial No. NMNM17225A
Do not use this form for proposals to drill of the conter an abandoned well. Use Form 31600 (APD) for such proposal 2034				
				6. If Indian, Allottee or Tribe Name
SUBMIT IN T	RIPLICATE - Other ins	tructions on reve	rse side	7. If Unit or CA/Agreement, Name and/or N
1. Type of Well			010117	
🕅 Oil Well 📋 Gas Well	Other	4	6180 10112 / G 22	Salt Mountain Federal 25 #1
2. Name of Operator			4.	8. Well Name and No.
Wagner Oil Company		/N	Sill 2nor	9. API Well No.
3a. Address		3b. Phone No. (inc	lude arte ande)	The second se
301 Commerce, Suite 3400	Fort Worth, TX 761	17 017 2	35-2222 DT-	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Se	c., T., R., M., or Survey Descripti	ion)	ITT/ESIA	
		100		Brushy Draw Delware 11. County or Parish, State
SWSE 25-26S-2	29E		5	
10 011501/ 11			50 50 50 50 50 50 50 50 50 50 50 50 50 5	Eddy County, New Mexico
	PPROPRIATE BOX(ES)	<b>FO INDICATE NAT</b>	URE OF NOTICE, R	EPORT, OR OTHER DATA
TYPE OF SUBMISSION			TYPE OF ACTION	
		Deepen		
Notice of Intent	Alter Casing	Fracture Treat	Production (Start	
Subsequent Report	Casing Repair	New Construction		Well Integrity
- seesequein report	Change Plans	Plug and Abandon		X Other Change of
Final Abandonment Notice	Convert to Injection	Plug Back	<ul> <li>Temporarily Aba</li> <li>Water Disposal</li> </ul>	indon <u>Operator</u>
As required by 43 C	CFR 3100.0-5(a) and 43 (	CFR 3162.3, we are	e notifying you of a c	change in operator on
the above references	u 1645¢.			
restrictions concern.	ny, as the new operator, ing operations conducte	a on the lease nort	ble terms, condition	s, stipulations and d. Wagner Oil Company
meets Federal bondi	ing requirements as follo	ows:		DDOLL
NT /* **	<b>n</b>			ΓΠΟΛΗΟ Ι
Inationwide .	Bond No. RLB0003476	ó		
Effective date of this change is July 1, 2001.				
				10 2001
I hereby certify that the foregoing	is true and correct			
Name (Printed/Typed)			BUREALINE	A A. ASKWIG AND MANAGEMENT YMELD OFFICE
Sabrina Bonner		Title	Regulators Mina	AND MANAGEMENT
Signature Gabrena	Donner	Date	July 3, 2001	TIELBOFFICE
	THIS SPACE FO	OR FEDERAL OR S	TATE OFFICE USE	
· · ·		<u> </u>		
proved by		T	ile	Date
inditions of approval, if any, are attached. Approval of this notion tify that the applicant holds legal or equitable title to those right inch would entitle the applicant to conduct operations thereon.		in the subject lance	ffice	
e 18 U.S.C. Section 1001 and Title es any false, fictitious or fraudulent	43 U.S.C. Section 1212, make i statements or representations as	t a crime for any person l to any matter within its it	knowingly and willfully to urisdiction.	make to any department or agency of the United