Form 3160-5 (August 1999)

ITED STATES DEPARTMENT OF THE INTERIOR

N.M. Oil Cc . Division

FORM APPROVED CISION OMB NO. 1004-0135 pires: November 20 5

ber 30, 2000

NT	311 S. 1st Street			Expires: N		
	Arteeia	NM	88210-28	34	Lease Serial I	

SI Oliaer			Expires: Novemi			
1414	00210-2	RRA.	Lease Serial No.			

SUNDRY NOTICES A	ID MANAGEMENT	∆rtesia, NM	88210-28	4. Lease Seria	l No.
Do not use this form for p abandoned well. Use Form	6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE - C	7. If Unit or CA/Agreement, Name and/or N				
Type of Well X Oil Well Gas Well Other Name of Operator Stephens & Johnson Operating Co. 3a. Address P.O. Box 2249 Wichita Falls TX 7630 Location of Well (Footage, Sec., T., R., M., or Survey D Unit E - 2310' FNL & 990' FWL Sec. 23-265-29E 12. CHECK APPROPRIATE	07–2249 escription)	Propino (metade area ARTESIA	a code)	Brushy Dra 11. County or Eddy	al #2 00.1/ 008 Pool, or Exploratory Area w, Delaware Parish, State
TYPE OF SUBMISSION		TYP	E OF ACTION	-	
Subsequent Report Final Abandonment Notice 3. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recompleted the Bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment Netermined that the final site is ready for final inspection of the Gulf Federal lease Accountability Program. Please be advised that the water purposes. Note: Well #2 is a shut-in oil p	ete horizontally, give subsurformed or provide the Bond of the operation results in a national street shall be filed only asction.) Carlsbad, the following the sundry is conthis lease is the producer.	Indee locations and meet locations and the last like with BLM/l nultiple completion or refter all requirements, incoming is to advisualment the last like with the last like with last lik	Reclamation Recomplete Temporarily Water Disp mg date of any prosured and true ver BIA. Required su completion in a n cluding reclamation ise of manner ier to satis	y Abandon osal oposed work and tical depths of a absequent report ew interval, a F on, have been co	is shall be filed within 30 day form 3160-4 shall be filed onc completed, and the operator ha water is
14. I hereby certify that the foregoing is true and correct Name (Printed Typed)	ORIG SGD / G	Title	The section	. so l ik	
Devire D. Crabb	Production Analyst				
Devire D. Crawb		Date 1-20-00			
	S SPACE FOR FEDER		FICE USE		Date
Approved by Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to	those rights in the subject	Title ant or Office lease			