Form 3160-5 (June 1990)	ONLIND OTHER		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS			SF 078110 6. If Indian, Allottee or Tribe Name
Do not us	se this form for proposals to o Use "APPLICATION FO	servolr.	
1. Type of Wel	SUBMI	7. If Unit or CA, Agreement Designation	
Oil	Gas Other	8. Well Name and No.	
2. Name of Operator Discrept. Discreption Communication C			Federal I #3
3. Address and	an Production Corp. Telephone No.	9. API Well No.	
P.O. Box 420, Farmington, NM 87499 (505) 325-1821			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Basin Dakota
1030' FNL & 1070' FWL Sec. 1, T29N, R14W, NMPM			11. County or Parish, State San Juan, NM
12 C	HECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			
	Notice of Intent	Abandonment	Change of Plans
_	T	Recompletion	New Construction
L	J Subsequent Report	Plugging Back	Non-Routine Fracturing
	Final Abandonnent Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
	JUL14	992 X other Long-term shut-	in Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion or Recompletion or Recompletion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operating (Constructive Cauls, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true-wortical depths for all markers and zones pertinent to this work.)*			
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in	stended action on t	conservation Division has rehis well.	equested our
This well in unable to produce in paying quantities existing market conditions. A long term shut-in statement of the statemen			ities under
re	quested.	1 20ng ccim shuc-	in status is $\frac{1}{11}$
		THIS A TRIVELLA CHARGE .	
Signed Signed	y that the foregoing is true and correct	- Weerations Manager	APBROVED
(This space for	r Federal or State office use)		A CARRETTE STATE OF THE STATE O
Approved by _ Conditions of a	approval, if any:	Tide	Day UT 3 1992
			AHEMANAGER
Tide 18 U.S.C. So or representations a	ction 1001, makes it a crime for any person us to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of	the United States any false, fictitious or fraudulent statements