C/SF

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-057523

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
MAY 16 '88
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: TRINITY UNIVERSITY AND CLOSUIT ✓

8. FARM OR LEASE NAME: Superior Foster

3. ADDRESS OF OPERATOR: P. O. Box 6A, Loco Hills, New Mexico 88255

9. WELL NO.: 3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: Unit I, 1650' FSL, 455' FEL

10. FIELD AND POOL, OR WILDCAT: Fren - SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 17, T 17S, R 31E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.):

12. COUNTY OR PARISH: Eddy

13. STATE: N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Change of Operator			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. 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.)*

Effective January 1, 1988, the above wells operator has changed from Murchison and Closuit of the same address to Trinity University and Closuit, P. O. Box 6A, Loco Hills, New Mexico 88255. All subsequent reports will now be coming to this office.

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

SIGNED E. E. Hyer TITLE Agent DATE 4/30/88

(This space for Federal or State office use)

APPROVED BY ____ TITLE ____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

MAY 12 1988

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO

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.