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Form 3160-5 (June 1990) Do not use thi	DEPARTMENT	or to deepen or reentry	to a different reservoir	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lense Designation and Serial No. LC-028936d 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation
				R. Well Name and No. Loco Hills Fed Com #1 9. AFI Well No.
1 Address and Telephone No. (505) 748-3368 P.O. Drawer 130, Artesia, New Mexico 88211-0130 4 4 Location of Well (Footage, Sec. 1, R. M. or Survey Description) 1980' FSL & 990' FWL Sec 29-T17S-R30E Sec 29-T17S-R30E				30-015-21869 10. Field and Food, or Exploratory Area (Gas) Loco Hills Morrow So. 11 County or Parish, State Eddy, New Mexico
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR				RT, OR OTHER DATA
TYPE (TYPE OF SUBMISSION TYPE OF ACTION			1
XX Subs	ce of Intent equent Report I Abandonment Notice	Abandoninen Abandoninen Recompletior Ungging Bac Casing Repai Attering Casi ()) ()) ()) ()) ()) ()) ()) (k r	Change of Flans Change of Flans New Construction Non Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface	Completed Operations (Clearly state all per locations and measured and true vertical d <u>HANGE NAME</u> to Fede <u>HANGE POOL</u> to Locc	rpihs for all markers and zones per	ell No. 1	re any proposed work. It well is directionally drilled. Post ID-3 11-22-91 Nay well

EPP

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.