Form 3160-5
(July 1989)
(Formerly 9-331)

CONTACT REC[illegible]NG OFFICE FOR [illegible]ER OF COPIES REQUIRED (Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM 03318

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Davcro, Inc.

3a. Area Code & Phone No.: (806) 763-2252

8. FARM OR LEASE NAME: Gulf Federal

3. ADDRESS OF OPERATOR: 2124 Broadway, Lubbock, Texas 79401

9. WELL NO.: 5

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980 FSL & 660 FEL

10. FIELD AND POOL, OR WILDCAT: Sawyer San Andres (Assoc.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 29, T9s, R38E

14. PERMIT NO.: API- 30-02531469

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3928 GR

12. COUNTY OR PARISH: Lea

13. STATE: NM

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)			
(Other) Spud				(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.)*

Plan to spud well 12/7/91

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

SIGNED David Turcentine TITLE President DATE 12-6-91

(This space for Federal or State office use)

APPROVED BY David R. Glass TITLE _____ DATE 3.6.92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side